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as a Supportive Therapy
for Scoliosis

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President's Report

Rebecca Lang | ATMS President



Dear ATMS Members,

It is my pleasure to present the President's Report for 2025, reflecting on the progress we have made in supporting traditional and complementary medicine. For those who don't know me, my name is Rebecca Lang. I hold a Bachelor in Health Science (Naturopathy) as well as Advanced Diplomas in Naturopathy, Nutritional Medicine, and Western Herbal Medicine. Currently, I am furthering my studies with a postgraduate diploma in mental health and neuroscience.

I have been running a successful clinic for over 16 years and also own a juice bar and vegan cafe, along with a publishing company that produces a monthly magazine for my community. My innovative business skills inspire me to support our members in developing and promoting their own successful business.

This marks my fifth year as a director on the ATMS board. I previously served as Vice President alongside Brad McEwen in my second and third years and as Treasurer in my fourth year.

My passion for natural medicine and therapies drives me, and I hope my role as President will contribute to the growth of both our association and the field of natural medicine in Australia. I also want to focus on developing resources for mental health and domestic violence to support our members and staff.

Working alongside our CEO, Annie Gibbins, the Board of Directors, and the office team, we have a big year ahead with

a clear strategic plan. Below is a summary of key areas we have been working on and will continue to develop.

ATMS remains committed to advocating for traditional medicine practitioners, ensuring they receive the recognition and support they deserve. The finalisation of the NTREAP review, now with the Health Minister, presents an important opportunity for our industry. We continue to push for the reinstatement of more natural therapies under health fund rebates within the next 12 months. Strengthening relationships with policymakers, researchers, and industry leaders has helped reinforce the credibility and value of natural medicine. We are also taking a proactive role in regulatory discussions to ensure that the voices of our members are heard in shaping the future of healthcare in Australia.

Supporting professional excellence is at the core of our mission. The ATMS Biz Club has expanded into a structured 12-month program, offering ongoing business and professional development support. Our Continuing Professional Education (CPE) program provides access to the latest research and best practices in natural medicine. We are also introducing new mentorship and peer support initiatives to offer valuable guidance for both new and experienced practitioners.

Building a connected and engaged community is essential. We have expanded member networking opportunities, both in-person and online, to encourage collaboration and shared learning. Digital transformation has improved access to

resources, streamlined administrative processes, and enhanced the overall experience for members. Public awareness campaigns, including the launch of Friends of Natural Medicine, continue to reinforce the credibility and importance of our profession.

Partnerships and sponsorships have grown significantly, bringing more benefits to our members. This year, we welcomed Bioglan Medlab as a Platinum Partner, helping us provide greater support. Our new NPOD membership gives ATMS members access to IM Gateway and eMIMS Plus, while EBSCO offers critical clinical resources that add significant value.

Looking ahead, ATMS remains dedicated to securing greater industry recognition through ongoing lobbying and stakeholder engagement. We will continue providing high-impact professional development opportunities to meet the evolving needs of practitioners and will leverage technology and innovation to enhance member support and industry credibility.

I want to extend my sincere gratitude to our CEO, Board members, staff, and, most importantly, our valued members. Your dedication to natural health inspires everything we do. Thank you for your continued support, and I look forward to another year of growth and progress. I encourage you to please feel free to introduce yourself and come and meet me at any of the upcoming events.

Rebecca Lang
President



CEO's Report

Annie Gibbins | ATMS CEO



As we step into 2025, I can't help but feel incredibly excited about what's ahead. This year, our Board of Directors are laser-focused on growth, innovation, and impact - ensuring ATMS continues to lead the way in advocacy, professional development, and business success for natural medicine practitioners.

Advocating for Our Profession

Advocacy has always been at the heart of ATMS, and 2025 is no exception. The NTREAP review is now with the Health Minister, and we are working tirelessly to ensure that more natural therapies regain their rightful place

under private health insurance rebates. This is a pivotal moment for our industry, and we will continue to push for recognition and accessibility.

Beyond this, we are actively challenging NDIS's removal of Acupuncture and Remedial Massage from its approved services list. This decision disregards the vital role these therapies play in supporting health and well-being, and we are determined to fight for their reinstatement. Through ongoing engagement with policymakers, industry leaders, and health insurers, we are making sure the

voice of our members is heard loud and clear.

Empowering Members Through Education & Business Growth

One of our biggest achievements this year is the launch of the 12-month ATMS Biz Club program. This initiative is designed to equip practitioners with the business acumen, marketing skills, and client-building strategies needed to run thriving, sustainable practices. The early response has been phenomenal, and we can't wait to see how it transforms member businesses over the coming months.



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Meanwhile, our Continuing Professional Education (CPE) program has been expanded, ensuring practitioners have access to the latest research, expert-led training, and practical, real-world knowledge. Learning never stops, and at ATMS, we are committed to ensuring our members stay at the top of their game.

Bringing Natural Medicine to the Public

Public awareness and consumer engagement are major priorities for us in 2025. The Friends of Natural Medicine program has been relaunched, creating a direct link between natural health practitioners and the wider community. Consumers are now actively joining the initiative, accessing educational resources, and most importantly, using our Find a Health Practitioner feature to connect with trusted ATMS-registered professionals.

We've seen a huge surge in interest in our Let's Talk Natural Medicine Podcast, hosted by Natalie Hume, where we're discussing topics that matter most to consumers, breaking down myths, and reinforcing the credibility of natural medicine.

Additionally, we are thrilled to be working with Zoe Bingley-Pullin, who is providing exclusive professional recipes and nutrition content for our growing consumer audience. These initiatives are helping us build stronger connections with the public and position ATMS as a leader in health education.

Enhancing Digital Access & Member Experience

ATMS is committed to making life easier for our members by embracing digital transformation. Our streamlined membership and health fund processing is saving time, reducing admin burdens, and improving efficiency across the board. We will continue to refine our systems to make membership as seamless and rewarding as possible.

Building Stronger Industry Partnerships

We are delighted to welcome Bioglan Medlab as a Platinum Partner, reinforcing our commitment to bringing high-value partnerships to our members. Through collaborations like these, we can offer exclusive access to resources that enhance both clinical practice and business success.

Our NPOD membership is also a significant win for our members, granting access to IM Gateway and eMIMS Plus, ensuring practitioners have the latest clinical decision-making resources at their fingertips. Meanwhile, EBSCO continues to be a standout resource, providing critical research to support evidence-based practice.

ATMS is committed to making life easier for our members by embracing digital transformation. Our streamlined membership and health fund processing is saving time, reducing admin burdens, and improving efficiency across the board.

Delivering Our Most Successful Events Yet

This year, we have already achieved remarkable success with our most attended Transition to Practice program to date. Seeing new practitioners gain the confidence and skills to launch their careers has been one of the most rewarding parts of my role.

We are also gearing up for two flagship symposiums: the Lipoedema and Healthy Brain Symposiums. Registrations are now open, and these events promise to deliver cutting-edge research and world-class expertise to members and the broader healthcare community.

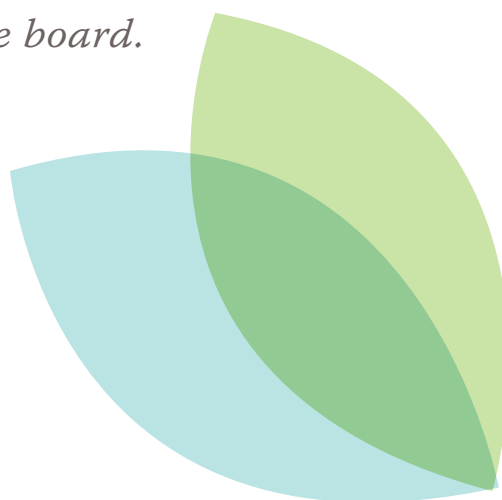
And, of course, Natural Medicine Week is on track to be our biggest and best yet! This is our moment to showcase the incredible work of natural health practitioners across Australia and highlight the power of complementary medicine.

I want to take a moment to personally thank you for your unwavering commitment to natural health. You are the heart of this profession, and together, we are shaping a future where natural medicine is valued, respected, and accessible to all.

I can't wait to see what we achieve together in 2025. Let's make it a year to remember!

Annie Gibbins

CEO, Australian Traditional Medicine Society (ATMS)





Preventive Natural Medicine: *An Introduction*

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Abstract

Preventive natural medicine encompasses a diverse collection of approaches to reduce disease risk, enhance overall health, and elevate quality of life. Preventive natural medicine is a multimodality system of health care that has a focus on promoting and sustaining health and wellbeing. Among the various modalities of preventive natural medicine are aromatherapy, counselling, herbal medicine, homeopathy, lifestyle medicine, massage and myotherapy, naturopathy, nutrition, reflexology, shiatsu, yoga, and numerous mind-body techniques. This article provides a comprehensive overview of preventive natural medicine and discusses the different modalities employed by qualified accredited health practitioners.

Introduction

Health represents a harmonious state of balance, an equilibrium that an individual has established within oneself (internally) and between oneself and their social and physical environment (externally).¹ The state of an individual's health is determined by their ability to maintain a sense of balance within themselves and with the world around them, homeostasis. Homeostasis serves as the fundamental unifying principle in the field of physiology, characterised as a self-regulating mechanism through which an organism maintains internal equilibrium while adapting to changing and fluctuating external environments.² Health is the ability to adapt to one's environment.³ Health is not a fixed entity. The capacity for adaptation allows us to maintain flexibility in the face of evolving influences and dynamic forces that affect and determine the health and wellbeing of individuals

and communities alike. Adaptability empowers accredited health practitioners to address health issues by taking into account the unique circumstances and contextual factors relevant to specific conditions at a given time and location.³

Suboptimal health status refers to a general physical condition that exists on a continuum between health and illness. It is characterised by the experience of health-related complaints, persistent fatigue, and a range of physical symptoms affecting various systems, including the cardiovascular, digestive, and immune systems, as well as mental health. This condition typically persists for a minimum duration of three months.⁴ The history and progression of a disease can be categorised into several stages: the underlying stage, the susceptible stage, the subclinical stage, the clinical stage, and the final outcomes of recovery, disability, or death.⁴ Research indicates that most people do not seek

care until a disease process has already manifested where they notice clear and unmistakable symptoms of a disease.⁵ By postponing care, individuals may miss critical opportunities for treatment that could improve their health outcomes and overall quality of life.⁵

The World Health Organization (WHO) highlighted the significant and important role and contribution of traditional medicine in health care in 1978.⁶ The WHO recommends that its 193 member states integrate traditional and complementary medicine into their health systems.⁶ The rise in lifestyle-associated and chronic diseases, coupled with a heightened emphasis on incorporating patient desires and preferences into healthcare, is contributing to a global surge in preventive, natural, non-pharmacological, and self-directed medical interventions.⁶



Preventive medicine is linked to reduced prevalence of disease^{7,8} and mortality rates,⁸ particularly in the areas of chronic disease, cancer, infectious diseases, mental health, substance abuse, as well as vision and oral health.⁸ Shifting the focus from treating diseases to implementing preventive measures can lead to a reduction in the occurrence of chronic diseases and lower healthcare expenditures.⁸

Preventive natural medicine is a multimodality system of health care that aims to protect, promote, and maintain health and wellbeing. Some of the preventive natural medicine modalities include aromatherapy, counselling, herbal medicine, homeopathy, lifestyle medicine, massage and myotherapy, naturopathy, nutrition, reflexology, shiatsu, yoga, and various mind-body practices.

This article presents an overview of preventive natural medicine and discusses the various modalities utilised by qualified accredited health practitioners.

Preventive natural medicine

The integration of traditional knowledge with modern scientific research has led to a greater interest in preventive natural medicine. Health prevention can be grouped into 3 categories: primary, secondary, and tertiary.⁴ Primary prevention encompasses strategies designed to prevent the onset of disease in both individuals and populations. Secondary prevention focuses on the early identification of health issues, thereby enhancing the likelihood of favourable health results. Tertiary prevention is implemented for patients exhibiting symptoms and seeks to mitigate the impact of the existing disease on individuals.⁴

The focus is on treating the whole person (mind, body, spirit).^{9,10} Identifying and treating the underlying causes, background activity, triggers^{9,10} and treating the whole person^{9,10} are very important in preventive natural

medicine. Furthermore, emphasising the foundational aspects, along with root causes, can contribute to achieving a dynamic equilibrium of health and wellbeing. Identifying origins of the person's condition emphasises the changes occurring within the entire mind-body system, rather than merely addressing diseases in isolation.

Numerous conditions, such as Type 2 diabetes and cardiovascular diseases, frequently stem from similar underlying factors, including poor dietary practices and lifestyle choices.¹¹ Chronic inflammation has emerged as a prevalent mechanism that contributes to a range of conditions, encompassing obesity, kidney diseases, Alzheimer's disease, and cardiovascular disease.¹¹

Preventive natural medicine has the viewpoint that chronic diseases can be accurately anticipated and prevented prior to the emergence of significant clinical symptoms.⁴ This approach represents a holistic framework within health care, facilitating the identification of individual susceptibility to diseases before they manifest. Consequently, it allows for the implementation of specific preventive strategies and the development of personalised treatment plans that cater to the unique needs of each individual.⁴

The goal of preventive natural medicine is to protect, promote, and maintain health and wellbeing and to prevent disease and disability.¹² This can be achieved through a combination of education, high-quality research, service, and innovative partnerships and collaborations.¹² There are 12 pillars that are incorporated into preventive natural medicine and health.^{9,10} These are:

- First, do no harm (*Primum non Nocere*)
- Treat the whole person (*Tolle Totum*)
- Identify and treat the cause (*Tolle Causam*)
- Prevention and health promotion in all areas
- The healing power of nature (*Vis Medicatrix Naturae*) and that of the body

- The health professional is a teacher (*Docere*)
- Regular hydration
- Nourishment with wholefoods
- Support with herbal medicines
- Daily physical activity and regular movement
- Mindfulness
- Sleep and rest

Preventive natural medicine encompasses a variety of strategies aimed at reducing the risk of disease, promoting overall health, and improving quality of life.

Preventive natural medicine has a proactive focus on individual and holistic personalised health. At the same time, preventive natural medicine does not operate in isolation; it also prioritises the broader interests of public health. This dual focus is essential because individual health is often connected with community health. The integration of individualised care with public health initiatives has the potential for more effective disease prevention strategies:

- improving and maintaining physical function^{13,14}
- improving and maintaining mental health¹⁴
- improving and preserving of cognitive function¹³
- increasing resistance to stress^{13,15}
- reducing inflammation^{13,16}
- reducing oxidative stress¹⁷⁻¹⁹
- improving glycaemic control and glucose tolerance,¹⁶ especially lowering HbA1c¹⁶
- enhancing insulin sensitivity¹³ combined with reduced insulin levels¹³
- regulating cholesterol level,¹⁶ especially increasing HDL-cholesterol¹⁶
- increasing levels of adiponectin¹³
- reducing age-related disease¹³ and disease burden¹³

A system genuinely committed to enhancing population health gains significantly from the knowledge and skills of a qualified accredited health practitioner.²⁰ Preventive natural medicine is unique and stands out by integrating clinical skills related to direct



patient care with a comprehensive understanding of public health principles.²⁰ Qualified accredited health practitioners play a crucial role in ensuring that clinical practices adhere to established standards of care while simultaneously ensuring that public health initiatives are guided by clinical data, and that the relationship between the two is reciprocal.²⁰ Patients need effective prevention strategies to cope with the environmental influences that make achieving health a challenge.¹² It is essential to empower patients with the knowledge and skills necessary for self-care, enabling them to engage actively in their own healing journey.¹²

There are several characteristics that contribute to the alignment of preventive natural medicine with good public health. These encompass:²¹

- patient-centred, humanistic, and compassionate
- focused on self-healing and homeostasis
- creating healing environments
- ability to empower patients
- thinking from a prevention standpoint
- skill in using high technology
- evidence-informed (scientific and traditional), outcome-focused practices
- being part of a multidisciplinary team
- being grounded in the community

Numerous modalities are enhancing our understanding of the intricate interactions and interplay between biological, environmental, behavioural, and socioeconomic elements that influence and shape health and wellbeing.²² Some of the preventive natural medicine modalities include aromatherapy, bodywork, counselling, herbal medicine, homeopathy, lifestyle medicine, massage and myotherapy, naturopathy, nutrition, reflexology, shiatsu, yoga, and various mind-body practices. Following is a brief overview of some of these modalities.



The absorption of essential oils through the skin can alleviate perceived stress in patients, promote healing, and facilitate improved communication.

Aromatherapy

Aromatherapy is a holistic healing practice utilising the aromatic essences of plant-derived essential oils.²³ The Papyrus Ebers included knowledge referring to the use of aromatic substances in medicine (aromatic medicine).²⁴ Aromatherapy massage, which incorporates essential oils, is acknowledged as a form of mind-body therapy.²⁵ Aromatherapy massage integrates the principles of aromatherapy with the techniques of massage, providing the therapeutic advantages associated with both modalities.²⁶ Essential oils are derived from various plant parts, including flowers,^{24,27} seeds, stems, leaves, needles, petals, rinds, fruits, woods, resins, roots, rhizomes, and grasses.²⁴ Aromatherapy works alongside conventional medicine treatment.²⁴

Aromatherapy can be utilised via massage and via inhalation.²⁴ It is believed to exert its effects by the physiological and pharmacological actions of the chemical constituents present in essential oils.²⁸ Aromatherapy utilises the skin pathway to stimulate olfactory senses, while the application of scented oils to the skin elicits both mental and physiological reactions. The absorption of essential oils through the skin can alleviate perceived stress in patients, promote healing, and facilitate improved communication.²⁴ Aromatherapy engages the olfactory system, with scents entering through the nostrils and reaching the olfactory bulb.^{24,25} This sensory input is subsequently transmitted

to the brain for interpretation, where the amygdala elicits an emotional reaction, and the hippocampus is involved in the retrieval and formation of memories. Furthermore, the limbic system collaborates with the cerebral cortex, thereby stimulating cognitive processes and emotional experiences.²⁴

Aromatherapy can be beneficial for symptom management for anxiety,^{23-25,27,29} depression,^{24,26,30} stress,^{24,26} mood,^{23,30} psychological distress,³¹ pain,²³⁻²⁵ nausea,^{24,25} vomiting,²⁴ preoperative anxiety,²⁴ sleep and insomnia,²³⁻²⁵ sleep quality,³⁰ overall health,²⁵ comfort,²³ emotional wellbeing,²⁵ and wellbeing.²³⁻²⁶ Aromatherapy influences the nervous system and has the potential to enhance immune function.²⁵

Aromatherapy involves several important considerations, such as the potential for inflammability (combustion), safety for children and the elderly, dermatitis risk, phototoxicity reactions, oral toxicity, and ocular safety.²⁴

Counselling

Effective counselling is a fundamental element in the prevention and management of various conditions, such as depression,^{32,33} anxiety,³² social anxiety,³² thoughts of being a failure,³⁴ apprehension,³⁴ hostility,³² and cardiovascular events.³⁵ Counselling can encourage a lifelong commitment to a healthy lifestyle, mitigating the effects of risk factors.³⁵



Patients need to be able to identify alterations in their symptoms, understand the role of medication in their self-management, and implement strategies to avert future occurrences.³⁵ Numerous studies have established a link between depression and unfavourable health outcomes. Consequently, it is essential for counselling to consider the impact of illness on the psychosocial wellbeing of patients.³⁵

Herbal medicine

Herbal medicines have been used for thousands of years for the prevention and management of a wide range of health conditions.³⁶⁻³⁸ Modern Western herbal medicine focuses on the holistic impact of herbs on the whole body and individual body systems, aiming to achieve long-lasting and persisting improvements in health and wellbeing.^{9,10} Herbal medicine practitioners aim to treat the underlying risk factors,

causes, and triggers of disease and may prescribe herbs, singly or in combination with other herbal medicines as a formula, aimed at correcting patterns of dysfunction rather than targeting the presenting symptoms.^{9,10} Herbs may be chosen and utilised for their adaptogenic,³⁹ analgesic,⁴⁰ anti-inflammatory,⁴⁰⁻⁴³ antioxidant,^{40,42-44} antiplatelet,⁴⁵ antispasmodic,^{46,47} anxiolytic,⁴⁶⁻⁴⁸ carminative,⁴⁹ cognitive,^{50,51} digestive,⁴⁹ expectorant,⁵² hepatoprotective,⁵³⁻⁵⁵ hypoglycaemic,⁵⁴ immunomodulatory,^{40,42,43} insulin sensitivity,^{56,57} nervine,⁵⁸ nerve tonic,^{59,60} neuroprotective,⁴¹ sedative,^{47,48,61} tonic,⁴⁹ vasodilatory,⁶² or wound healing^{63,64} properties. Some commonly treated conditions include anxiety,^{40,42,43,65} bloating,⁶⁶ cardiometabolic syndrome,^{56,57,67} chronic fatigue,⁶⁸ cognition,⁶⁹⁻⁷¹ depression,⁴³ digestive issues,⁵⁴ dysmenorrhoea,^{72,73} endometriosis,⁷⁴⁻⁷⁶

fatigue,^{39,77-79} gastrointestinal disorders,⁸⁰ hypercholesterolaemia,^{81,82} hyperlipidaemia,⁶³ hypertension,⁸¹⁻⁸⁴ infections,⁸⁵ inflammation,⁶⁷ insomnia,⁸⁶⁻⁸⁹ insulin resistance,^{56,67} irritability,⁸⁶ liver conditions,^{63,90} memory loss,^{51,91} mood disorders,⁹²⁻⁹⁴ nervousness,⁸⁶ osteoarthritis,⁶³ oxidative stress,⁹⁵⁻⁹⁷ pain,^{98,99} platelet aggregation,¹⁰⁰ respiratory conditions,¹⁰¹ skin disorders,⁸⁵ stress,⁴⁰⁻⁴² or urinary tract infections.¹⁰²

Homeopathy

Homeopathy has been used for over 200 years.¹⁰³ In homeopathy, disturbance of the self-regulating vital force results in dis-ease as multileveled symptom expression. Homeopathy aids the vital force as it attempts to restore holistic balance.¹⁰⁴ The fundamental principle of homeopathy is the treatment of like with like,^{105,106} “*similia similibus cerentur*”.¹⁰⁵ This principle is that a substance that

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can cause symptoms when given in large doses to healthy individuals can be used in small doses to treat patients with similar symptoms.¹⁰⁶ Homeopathy is individualised and personalised, with the idea that individuals who have an illness will respond to homeopathic medicines that trigger similar conditions, signs, and symptoms when given to healthy individuals.¹⁰⁵ So to say, it is the matching of symptoms of a patient with symptoms produced by these substances in healthy individuals.¹⁰⁷ Homeopathy uses serial dilution microdoses (potencies) of plants, minerals and animal parts to stimulate healing and self-regulatory responses in the body.^{103,107} Homeopathic potentisation involves a series of dilutions of the homeopathic remedy, where each stage of dilution is accompanied by repeated shaking (succussion) of the liquid or grinding of solid substances into lactose.¹⁰⁸

Lifestyle medicine

Lifestyle medicine utilises a holistic approach that integrates various environmental, behavioural, and psychological principles to promote and enhance physical and mental wellbeing.¹⁰⁹ Lifestyle medicine emphasises disease prevention over curative medicine⁵ and aims to improve quality of life through healthy eating,^{109,110} active living,¹¹⁰ physical activity,^{109,111} relaxation,¹⁰⁹ recreation,¹⁰⁹ engagement in meaningful activities,¹⁰⁹ positive physical connection,¹¹¹ social interaction and networking,¹⁰⁹ healthy relationships,¹¹¹ meditation,¹¹²⁻¹¹⁵ mindfulness-based techniques,¹⁰⁹ work-rest balance,¹⁰⁹ sleep,^{109,111} emotional resilience,¹¹⁰ and avoidance of risky substances.¹¹¹ The objective of lifestyle medicine within preventive natural medicine is to implement daily alterations that are relatively easy to perform, manageable, adaptable, and sustainable in the context of long-term habits.⁵

Massage and myotherapy

Massage can be defined as a patterned and purposeful manipulation of soft-tissue for therapeutic purposes.¹¹⁶ In Australia, an estimated 20% of the national population

visit massage therapists in a year.¹¹⁶ Massage has been found to manage and reduce stress,¹¹⁷ tension,¹¹⁷ anxiety,¹¹⁷ muscle spasm,^{118,119} pain,¹¹⁷⁻¹¹⁹ neck pain,¹²⁰ lower back pain,^{116,117,120} muscle soreness,¹²⁰ headaches,¹²⁰ swelling,¹¹⁹ and to improve sleep,¹²⁰ blood flow,¹¹⁸ mobility of ligaments, tendons, and muscle,¹¹⁸ and quality of life.¹²⁰ Massage treatments have seen improvements in work-related activities.¹¹⁷ Research has found that massage and aromatherapy have beneficial effects on nurses' stress.¹²¹ Other research has shown that massage therapy is a way to achieve inner peace and tranquillity.¹²² During massage sessions, individuals have expressed a sense of dignity, and memories of past massages were linked to feelings of liberation. These experiences of dignity and freedom inspired hopes for the future.¹²²

Naturopathy

Naturopathy is a whole systems approach to health care.¹²³ Naturopathy is a traditional system of patient-focused health care characterised by a set of philosophical principles.¹²⁴ The name 'naturopathy' is derived by combining Latin and Greek to translate literally as 'nature disease'.¹²⁵ The fundamental principles of naturopathic practice emphasise a patient-centred approach and the customisation of care.¹²⁶ There is an overarching philosophy that the practice of naturopathy is to encourage the self-healing process of the body.¹²⁷

Using a combination of traditional knowledge and science, naturopaths offer a diverse range of modalities, including dietary and lifestyle counselling,¹²⁶ herbal medicines,¹²⁶ nutrition and nutritional supplements,¹²⁶ Bach flower remedies,¹²⁸ Australian Bush Flower Essences,¹²⁹ bodywork/manual therapies,¹²⁶ and mind-body techniques,¹²⁶ among others. These modalities are utilised to effectively address unique healthcare requirements,^{125,126} for the promotion of optimal health,^{123,125} and the preferences of each patient.¹²⁶ A substantial amount of research underscores the effectiveness of naturopathic treatments in enhancing health outcomes for a range of health

conditions.¹³⁰ Naturopathy presents a comprehensive and economically viable approach to managing lifestyle-related conditions and promoting general wellness.¹³⁰

Nutrition

Optimum nutrition is the foundation for optimum health.^{9,131} Poor nutrition is one of the most critical risk factors for chronic disease, as it can lead to a range of health issues that compromise the body's ability to function optimally.¹³² Good quality diets play a role in optimising nutrient intake. The Mediterranean diet has numerous health benefits, including cardiovascular and cardiometabolic health and combatting depression.^{131,133} Vegan and vegetarian diets and plant-predominant eating patterns¹¹¹ are rich in antioxidants and phytochemicals and have cardiometabolic and digestive health benefits.^{131,133-135} The glycaemic index diet offers cardiovascular and cardiometabolic health benefits as well as reducing inflammation and oxidative stress.^{131,133} Eating whole foods¹¹¹ should be the first step in optimising the diet. Specific foods may be chosen and utilised for their functions, such as anti-atherogenic,¹³⁶ anti-inflammation,¹³⁷ antioxidant capacity,^{136,138} antiplatelet,¹³⁶ antithrombotic,¹³⁶ detoxification,¹³⁵ glucose metabolism,¹³⁶ glycaemic control,¹³⁹ improving insulin resistance,¹³⁹ improving insulin sensitivity,¹³⁶ lipid profile,¹³⁹ vascular function,¹³⁷ and vasodilatory properties.^{131,136}

Vitamins may be chosen and utilised for their antidepressant,¹⁴⁰ anti-inflammatory,¹⁴¹⁻¹⁴⁵ antioxidant,¹⁴⁶⁻¹⁴⁸ anxiolytic,¹⁴⁰ bone health,^{149,150} brain signalling,¹⁵¹ calcium homeostasis,¹⁵² carbohydrate metabolism,^{153,154} cell function,^{155,156} coagulation,¹⁵⁷⁻¹⁶⁰ collagen synthesis,^{153,160} differentiation,^{161,162} DNA metabolism,^{146,163} DNA synthesis,^{153,155,156,164} endothelial cell function,¹⁵³ energy metabolism,^{165,166} enzymatic reactions,¹⁶⁰ fat metabolism,¹⁵³ gene expression,^{163,162} glycaemic control,¹⁶⁷ haemoglobin formation,¹⁵⁵ homocysteine metabolism,^{146,147} insulin secretion,¹⁶³ Krebs cycle activity,¹⁶⁵ lipid peroxidation



reduction,¹⁶⁸ liver health,¹⁶⁸ methylation processes,^{147,153,155,169,170} nerve conduction and excitability,¹⁷¹ neuromuscular activity,¹⁷² neurotransmitter metabolism,¹⁷³ neurotransmitter synthesis,^{160,174} oxidation-reduction reactions,^{147,148} protein metabolism,¹⁵³ red blood cell formation,¹⁵⁶ trans-sulphuration processes,^{147,173} and vasodilator¹⁷⁵ functions.

Minerals may be chosen and utilised for their functions, such as anti-inflammatory,^{155,176-181} antioxidant,¹⁸²⁻¹⁸⁴ bone mass,¹⁸⁵ bone mineral density,¹⁸⁵ brain development and function,¹⁸⁶ carbohydrate metabolism,^{187,188} cell signalling,¹⁸⁹ coagulation,¹⁹⁰ cognitive function,¹⁹¹ connective tissue,^{192,193} DNA and RNA synthesis,^{155,194-196} energy metabolism,¹⁷⁴ gene expression,^{153,197,198} glucose metabolism,^{199,200} haemoglobin synthesis,²⁰¹ heart rhythm,^{202,203} immune system health,²⁰⁴ insulin metabolism,²⁰⁰ lipid metabolism,^{187,188,200} mental development,²⁰⁵ metabolic regulation,^{182,205-207} metabolism,^{153,186,205} mitochondrial health,²⁰² muscle function,^{202,208} myelination,²⁰⁹ nerve function,^{202,208,210} neuromuscular conduction,¹⁹⁶ neuromuscular transmission,^{196,203,208,211,212} neurotransmitter function,²⁰¹ oxygenation,^{153,174} protein metabolism,¹⁸⁷ redox reactions,¹⁵³ signal transduction,^{209,213} thyroid

hormone regulation,¹⁷⁴ thyroid hormone production,^{182,206,214-216} vasomotor tone,^{196,203,208,212} and white blood cell maturation.²⁰¹

Amino acids may be utilised for their functions as anti-inflammatory,²¹⁷ antioxidant,²¹⁷ cardiac energy metabolism,²¹⁷ cardiometabolic and cardiovascular health,²¹⁸⁻²²⁰ cardioprotection,²¹⁷ cell integrity,^{221,222} cell proliferation,²²³ cell signalling,²²² concentration,²²⁴ detoxification,²²⁰ enterocyte proliferation,^{225,226} extracellular matrix synthesis,²²² fatty acid metabolism,²²⁷ immune function,²²² liver health,²²² muscle mass,²²⁸ neuroprotection,²¹⁷ neurotransmission,²²² protein synthesis,^{222,229} redox potential,²²² signal transduction,^{221,222,229} and tight junction stabilisation.²²²

Other nutrients (such as ubiquinol, omega-3, lipoic acid, lutein) may be utilised for their functions as anti-inflammatories²³⁰⁻²³² and antioxidants,²³⁰⁻²³⁷ and aiding carbohydrate metabolism,¹⁹ cell membrane function,^{238,239} cell signalling,²⁴⁰ cognitive function,²⁴¹ eicosanoid metabolism,^{238,242,243} energy metabolism,²³¹ eye health,^{244,245} fat metabolism,¹⁹ gene expression,²⁴³ glucose metabolism,¹⁹ mitochondrial energetics,^{233,234} myelination,²⁴³ nerve function,²⁴¹ neuronal growth,²⁴³

neurotransmitter release,²⁴³ platelet activation and aggregation,^{131,240,246,247} protein metabolism,¹⁹ and skin health.²⁴⁴

Probiotics may be utilised for their role in the constitution of the intestinal barrier,²⁴⁸ stimulating intestinal epithelial cell regeneration,²⁴⁸ competition with pathogens for adhesion to the epithelium,²⁴⁹⁻²⁵¹ immune health,^{252,253} immune system development,²⁵⁴ immunomodulation,^{249,251,254} intestinal wall integrity,^{251,254} and modulation of the microbiota-gut-brain axis.²⁵⁵

Reflexology

Reflexology is a therapeutic practice that involves applying manual pressure to designated areas of the body, primarily the feet and occasionally the hands, which are believed to be linked to particular internal organs^{256,257} and glands.²⁵⁶ Pressure receptors located in the feet, hands, and ears, upon stimulation or activation, are postulated to be capable of transmitting signals to the central nervous system. Subsequently, the regulatory efferent pathways would convey responses to the targeted area (e.g., organ).²⁵⁸ The objective of stimulating these specific zones is to enhance the body's innate healing capabilities related to the corresponding organs.²⁵⁷ Current research suggests that reflexology demonstrates greater efficacy compared

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to passive control groups in alleviating pain,²⁵⁶⁻²⁵⁸ anxiety,²⁵⁹ and tension,²⁵⁹ reducing fatigue,²⁵⁷ producing feelings of comfort,²⁵⁹ and improving wellbeing²⁵⁹ and enhancing quality of life.²⁵⁷

Reflexology appears to derive its effectiveness from the level of care and attention provided during the treatment process.²⁵⁷ The practitioner's skilled touch and focused attention can create a deeply relaxing environment, allowing patients to feel more at ease and open to the therapeutic experience.

Shiatsu

Shiatsu is a form of Japanese bodywork^{260,261} that uses gentle manipulations, stretches and pressure using fingers,²⁶² thumbs,^{261,262} palms of the hands,²⁶¹ elbows,²⁶² knees,²⁶² and feet.²⁶² Shiatsu operates through the body's meridian system, which consists of the energetic channels that correspond to the locations of acupuncture points.^{260,262} Shiatsu aims to balance, restore, and maintain the body's energy balance.²⁶² Shiatsu can be valuable for reintegrating and harmonising the body, mind, and spirit.²⁶⁰ It activates the natural healing power of the body to alleviate symptoms by pressing Shiatsu points on the whole body.²⁶¹ Some of the numerous beneficial effects of shiatsu in improving the health of a patient are seen in musculoskeletal problems,^{262,263} fibromyalgia,²⁶⁴ neck and back pain,²⁶¹ lower back pain,^{261,262,265} pain,^{264,266} dysmenorrhoea,²⁶² mental

health and wellbeing,²⁶⁶ anxiety,^{262,265} depression,^{262,267} tension,²⁶³ stress,²⁶³ agitation,²⁶⁸ gastrointestinal conditions,²⁶⁶ fatigue,^{262,263,266} weakness,²⁶² problems with sleep,^{262,264,269} overall health,²⁶¹ and quality of life.²⁶¹ Shiatsu is found to be overall relaxing.²⁷⁰

Yoga

Yoga is a traditional practice that originated in India over 4000 years ago.²⁷¹ Yoga is considered to be the science of holistic living. There are several branches of yoga, with Hatha (or forceful) yoga, Raja (Royal or classical) yoga, and Mantra yoga perhaps the best known and most commonly practised forms.²⁷¹ There are various practices involved in the tradition of Yoga, including disciplined lifestyle (Yama and Niyama),²⁷² cleansing procedures (Kriya),^{271,272} physical postures (Asana),^{271,272} specific hand gestures (mudras),²⁷¹ breath regulation (Pranayama),^{271,272} concentration (Dharana),^{271,272} and meditation (Dhyana).^{271,272} Yoga is characterised by its accessibility and affordability, necessitating minimal equipment and professional guidance.²⁷¹ Yoga can also be modified and adapted to the specific needs of the patient.²⁷³ Research has shown that yoga promotes strong long-term commitment and yields significant benefits, such as the maintenance of good health²⁷⁴ and reduced evening cortisol,²⁷⁵ waking cortisol,²⁷⁵ ambulatory systolic blood pressure,²⁷⁵ blood pressure,²⁷³

resting heart rate,²⁷⁵ heart rate variability,²⁷⁵ oxidative stress,²⁷¹ fasting blood glucose,^{273,275} triglycerides,²⁷⁴ total cholesterol,^{274,275} and low-density lipoprotein (LDL)-cholesterol.^{274,275} Yoga has been found to improve mental health²⁷³ and produce improvements in depression,²⁷⁶ glucose tolerance,²⁷¹ insulin sensitivity,²⁷¹ coagulation profile,²⁷¹ cardiopulmonary function,²⁷³ lung function,²⁷¹ and musculoskeletal function.²⁷³ Research indicates the potential for meditation and yoga for post-traumatic stress disorder.²⁷⁷

Conclusion

Preventive natural medicine encompasses a diverse collection of approaches aimed at minimising disease risk, improving overall health, and enhancing quality of life. Preventive natural medicine is a multimodality system of health care that prioritises the promotion and maintenance of health and wellbeing. It emphasises a holistic approach of viewing the whole person (mind, body, spirit), while also identifying and treating the underlying causes, contributing factors and triggers of health issues. Qualified accredited health practitioners utilise a diverse set of modalities to treat the individual in a thorough and integrative manner.

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Informed Consent *for the Vegan Client*

Eve Nguyen | Naturopath, Counsellor, Life Coach, BHSc Nat., GradDipPsych., Dip. Couns.

In recent years there has been discussion of informed consent in health care. One group of clients who expressly seek informed consent is vegans. Vegans refrain from eating animal products and by-products, including meat (red and white), seafood (including fish and isinglass found in various alcoholic products), eggs, dairy (including colostrum, whey, ghee etc.), gelatine, insects and insect by-products, and in many cases products that come from bees, including honey and royal jelly etc. The motivations for following such a diet and lifestyle are multifactorial and a vegan individual often has multiple and interlinked motivations.¹ These can include health reasons. Evidence-based research outlines health benefits of a whole food plant-based (WFPB) diet in various chronic and acute conditions such as auto-immunity,² heart disease,³ cancer prevention,⁴ type 2 diabetes⁵ and others that are outlined by the Australian educational group Doctors For Nutrition.⁶

Another significant motivator is environmental protection. Recent research incorporating extensive factors states that up to 87% of global emissions can be attributed to livestock production, and that earlier numbers have been grossly under-reported.⁷ Other reasons include religious motivations,

with a multitude of various specifically vegan religious and interfaith groups in existence.⁸ On a spiritually/metaphysical level, various cultures, particularly indigenous groups, have acknowledged interspecies communication (intuitive exchanges between humans and animals).⁹ The Vegan Animal Communicator Network Journal outlines insights by interspecies communicators that show that animals do not wish to be consumed by humans.¹⁰

From a psychological viewpoint, veganism is an existential theme for many who choose a plant-based diet and lifestyle.¹¹ It is also seen through a lens of empowerment in many ways, such as avoiding cognitive dissonance, worker injustice, pharmaceutical savings, etc.² Researchers have found that vegans have more knowledge on environmental, animal-related and health issues than do vegetarians.¹ They have been found to spend more time acquiring information about diet and animal-related issues, and frequently rely on reputable sources for their knowledge.¹³

Being aware of these motivations will assist practitioners to more accurately assess whether supplements will be perceived as vegan-friendly by vegans. Awareness of and respect for these values can especially affect the client-patient relationship, as well as compliance with

recommended treatments. It is important to be honest and transparent with vegans about ingredients and their origins to satisfy informed consent. The following are some real-life examples featuring vegan clients, conversations, and outcomes. They contain situations that you might also experience.

Scenario 1: Client is in a health food store speaking with a naturopath. The naturopath recommends a certain product. The client/customer asks, “Is it vegan?” The naturopath says yes. The client takes some time to read the label, which indicates that it isn’t vegan, and brings this to the naturopath’s attention.

Solution for similar situations: Take time to read the label and verify if it gives clues as to whether the product is vegan. If you are unsure, you could say to the client, “I’m not sure, please give me a moment to read the label, and I can also contact the company to verify if needed.” This is a transparent response which also helps to build trust with the client.

Scenario 2: Some testing is recommended to the client. The client has been asked to ingest lactulose, and asks if the test is vegan. The practitioner contacts the company and receives the following response: “While lactulose is derived from lactose, which is obtained from



animal milk, its chemical transformation during the production process makes it a vegan-friendly option.” The practitioner conveyed this to the client whose response was: “As it is derived from milk it isn’t vegan even if it has undergone a chemical transformation. For example, salami has been transformed but still comes from an animal.”

Solution for similar situations: Apply critical thinking to company responses. In this case, the company gave conflicting information in their statement. Either the product is obtained from dairy (so, non-vegan), or it’s vegan-friendly. From a vegan perspective, it isn’t both. A vegan can psychologically perceive milk as being a product that causes considerable physical and emotional suffering to cows, including separation of mother and baby cows, as well as many deaths, including those inflicted for the veal industry,¹⁴ forced artificial insemination, and other cruelties.¹⁵ A vegan is usually emotionally invested in avoiding non-vegan products. With this in mind, be transparent and tell the client that the lactulose is derived from lactose. If they don’t wish to take it, be collaborative with the client by being aware of their world view, and discuss potential alternative tests and work-arounds. Accept that the client may or may not choose to proceed with this test and respect their decision either way.

Scenario 3: A liquid glyctract has been recommended for a client. The client asks if the product is vegan. The practitioner is transparent and states that they don’t conclusively know, so they reach out to the company. The company states, “Due to our hydroethanolic extracts currently being made using an ethanol produced from New Zealand whey, if a glyctract is manufactured using the first method, it cannot be classed as a vegan product.” The product is made with a method that utilises whey. This information is conveyed to the client who appreciates the transparency and does not wish to take it. The practitioner has satisfied the requirements of informed consent, and recommends an alternative product which the client is happy to take.

Solution for similar situations: This was a positive outcome. Being transparent and checking with the company in this way instils client trust and may lead to word-of-mouth referrals. Of note here is that a number of vegans (and non-vegans) with spiritual and religious motivations, work responsibilities and prior addictions also refrain from alcohol/ethanol. Client and personal experience support that burning off alcohol by adding boiling water to the herb dose does not work. Even using the bain-marie method¹⁶ to evaporate the ethanol can take multiple boils and can reduce or erode compliance. Hence, if using glyctracts it is useful to be aware that they may have been made using some form of dairy in the process.

IF THEY DON'T WISH TO TAKE IT, BE COLLABORATIVE WITH THE CLIENT BY BEING AWARE OF THEIR WORLD VIEW, AND DISCUSS POTENTIAL ALTERNATIVE TESTS AND WORK-AROUNDS.

Scenario 4: Prescribing homeopathics for vegans entails many grey areas. Here are two real-world experiences.

Scenario A: Someone had been prescribed a homeopathic product and approached me for a second opinion about whether or not it was vegan. The person didn’t understand what a homeopathic product was. Answering their question required first explaining what a homeopathic product was, and then looking at the specific ingredients. One ingredient of the product was Apis, which is derived from bees. The client decided that by her standards the product was not vegan, and returned it to the practitioner. In this scenario the practitioner was not knowledgeable or transparent about the vegan viewpoint. The client had asked directly if the product was vegan. The practitioner

answered through their own lens, not considering the client’s vegan viewpoints. Informed consent wasn’t met and client trust was eroded.

Solution for similar situations: You may need to explain what homeopathy is and then explain what a specific ingredient is. In my experience most vegans have studied the production of honey and choose not to consume it based on factors such as suffering and killing of bees, and why and how bees make honey. In my experience, the practitioner will also find it helpful to acknowledge and concede that many vegans will have more detailed knowledge than themselves about facets of production involving animal and insect ingredients. Being able to concede this and being amenable to learning from the client can also foster improved client-practitioner relationships. While many homeopaths may view Apis as vegan because it doesn’t contain physical remnants of bees, a vegan will often see it as non-vegan because a bee was harmed to create the remedy.

Scenario B: An educator recommended to practitioners that they could tell vegan clients to swirl homeopathic products that contained lactose in their mouths to obtain treatment. The recommendation was for vegans to then spit out the homeopathic product without swallowing it. This is a presumptuous approach that doesn’t show an understanding and respect for vegan values.

Solution for similar situations: Be transparent. As an educator, acknowledge that the product contains lactose and that many vegans may choose not to use it. Present mouth swirling as a potential way of taking the product, and inform learners that clients may still not choose to do this as the product isn’t intrinsically vegan. Model transparency and respect for client values to students. Encourage future practitioners to be transparent and engage in discussions with the clients that includes recommending other alternatives if the client so chooses, and thereby enable informed consent.



With homeopathy, there may be other scenarios where “I don’t know” is an honest answer and may dictate choosing a different supplement or remedy for a vegan client. In my experience, homeopathic manufacturers/providers are not always forthcoming or able to answer questions that vegans ask. For example, a manufacturer when contacted to ask how they obtain Sepia (ink of a cuttlefish) never responded. Perhaps they did not know the answer.

Other homeopathic products that vegans may reject include: calc carb (from oyster shell), cantharis (derived from the Spanish fly beetle), homeopathic remedies made from animal organs and other animal, spider and insect derivatives, bufo rama (toad), etc. If homeopathic snake venom remedies are used, they may wish to know if the snake was harmed in obtaining the venom. Being transparent about the origins of these homeopathic remedies and communicating this information will enable informed consent.

Once the ingredients, process and origins have been considered and conveyed accurately, a vegan client can decide for themselves whether they think that the product is vegan according to their values and priorities in order for true informed consent to take place.

The rewards of working with vegan clients are many, and can include personal and professional growth, expanded supplement knowledge, improved research skills, improved critical thinking, and improved verbal communication skills. Honesty and transparency are key, as is a basic insight into the vegan motivations and psychology and respect for their lifestyle choices. In my experience, vegan clients are often very grateful for these.

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Laura Dwyer | BHSc (Naturopathy)



The transition

The reproductive hormonal milieu of the menopausal transition precipitates bothersome vasomotor symptoms, such as hot flushes and night sweats, plus anxiety, mood changes, insomnia, cognitive dysfunction, fatigue, low libido, and other disease processes that reduce the quality of life of affected women.¹ These negative effects are generally the result of diminished oestrogen levels, which can profoundly affect various organs, tissues and neurotransmitters.

The primary mechanism of action for herbal solutions

Herbs often prescribed during menopause possess oestrogenic activity and exhibit binding affinity for α and β -oestrogen receptors. In particular, hops, sage, shatavari and maca are acknowledged for their oestrogen-like effects and may, therefore, reduce symptoms associated with oestrogen decline.²⁻⁷ Zizyphus modulates neurotransmitter production,⁸ while gotu kola exerts neuroprotective, adaptogenic, chondroprotective, and anti-inflammatory activities.^{9,10}

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Sage

Herbalists often recommend sage to alleviate menopausal symptoms, particularly hot flushes.² Results from a recent systematic review concluded that sage intake for three months significantly reduced the frequency, duration and severity of hot flushes compared to the control group.⁵ Further trials support its use for palpitations, insomnia, muscle and joint pain, depression, fatigue, anxiety, sexual desire and genitourinary symptoms.^{15,16} As cardiovascular risk factors also accompany the menopause transition, sage may be a viable option owing to its hypolipidaemic and

hypoglycaemic effects observed in clinical trials.¹⁷⁻²⁰ Furthermore, research indicates that sage may improve cognitive function and memory,²¹ potentially alleviating the cognitive challenges commonly faced by women during menopause.

Shatavari

Shatavari, often regarded as an aphrodisiac and a female tonic, is featured in more than 64 Ayurvedic formulations² and is symbolically referred to as "she who has a hundred husbands."²² In a recent study, shatavari significantly reduced hot flushes, night sweats, anxiety, depression, fatigue and insomnia in 70 menopausal women after 60 days.²³ Two studies from the same research group have also demonstrated that shatavari may improve muscle strength and function in postmenopausal women by upregulating pathways involved in energy metabolism and muscle contraction.^{24,25}

Maca

Maca is traditionally used as an adaptogenic plant to enhance sexual drive and manage anaemia, infertility, and hormonal disorders.²⁶ Results from clinical trials suggest that maca for 6 to 12 weeks may have favourable effects on menopausal/perimenopausal



symptoms,^{7,27-31} including hot flushes, nervousness, and interrupted sleep. Additional studies have reported statistically significant improvements in sexual function and psychological symptoms,²⁷ libido,³² anti-depressant induced sexual dysfunction,³³ blood pressure,³⁴ and fatigue.³⁵

Zizyphus

Reports indicate that up to 60% of menopausal women experience sleep disturbances or insomnia, with a significant number suffering from symptoms severe enough to impair daytime functioning.³⁶ Zizyphus is one of the most commonly prescribed herbs in Chinese medicine for managing insomnia and is particularly effective for night sweating.³⁷ In clinical trials, zizyphus extracts (500mg-2g) improved sleep quality in postmenopausal women and total sleep time, sleep efficiency and sleep onset in chronic insomniacs.³⁸

Gotu kola

Human clinical trials support the use of gotu kola for poor memory,³⁹ post-stroke vascular cognitive impairment,⁴⁰ anxiety, stress and depression,⁴¹ reduced skin integrity,^{42,43} and chronic venous insufficiency.⁴⁴ Since declining oestrogen levels are known to impact these specific health areas,⁴⁵⁻⁴⁸ gotu kola is a well-suited herb to support the various changes that

occur through the menopause transition and could be a valuable addition to a treatment plan.

Clinical summary

Phytoestrogenic and adaptogenic herbs have been the subject of scientific investigation as potential alternative therapeutics for the diverse health problems associated with fluctuating sex hormone levels that occur during the menopause transition. Given their varied mechanisms of action and extensive traditional and clinical use, hops, sage, shatavari, zizyphus, gotu kola, and maca may restore health and balance as women embark on this new phase.

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Good Stretch? Bad Stretch? *Is Stretching Dangerous?*

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Learn how to decide which stretches are safe or unsafe for you.

I've had a few inquiries lately about which stretches are good and which stretches are bad. In most cases someone has told the inquirer that they shouldn't do this stretch or that stretch, or that this is an unsafe stretch.

Some people have seen stretches on my website and emailed me (out of genuine concern) to say that this is a dangerous stretch because their coach, trainer or friend told them so.

So, is stretching dangerous?



First, a warning!

Stretching, just like any other form of exercise, can be extremely dangerous and harmful if performed incorrectly or recklessly. There are, most definitely, several common stretching mistakes

that you should avoid. But the same can be said for any type of exercise or fitness activity.

So, are there only good stretches and bad stretches? Let's put an end to the confusion once and for all...

There is no such thing as a good stretch or bad stretch

Just as there are no good or bad exercises, there are no good or bad stretches; only what is appropriate for the specific requirements of the individual. So, a stretch that is perfectly okay for me, may not be okay for you or someone else.

Let me give you an example. You wouldn't ask someone with a shoulder injury to do push-ups or freestyle swimming, but that doesn't mean that these are bad exercises.

Now, consider the same scenario from a stretching point of view. You wouldn't ask that same person to do shoulder stretches, would you? But that doesn't mean that all shoulder stretches are bad.

The stretch itself isn't good or bad, it's the way it's performed and who it's performed on that makes it effective and safe, or ineffective and harmful.

To place a particular stretch into a category of "Good" or "Bad" is foolish and potentially harmful. To label a stretch as "Good" gives people the impression that they can do that stretch whenever and however they want, and it won't cause them any problems. The specific requirements of the individual are what's important!

Remember, stretches are neither good nor bad. Just like a motor vehicle, it's what you do with it that makes it good or bad. However, when choosing a stretch there are several precautions and "checks" you need to perform before giving that stretch the okay.

Make a general review of the individual

Are they healthy and physically active, or have they been leading a sedentary lifestyle for the past 5 years? Are they a professional athlete? Are they recovering from a serious injury? Do they have aches, pains or muscle and joint stiffness in any area of their body?

Make a specific review of the area, or muscle group, to be stretched.

Are the muscles healthy? Is there any damage to the joints, ligaments, tendons, etc? Has the area been injured recently, or is it still recovering from an injury?



A few more precautions for a good stretch

If the muscle group being stretched isn't 100% healthy avoid stretching this area altogether. Work on recovery and rehabilitation before moving onto specific stretching exercises.¹ If, however, the individual is healthy and the area to be stretched is free from injury, then apply the following to all stretches.

Warm-up before stretching: Warming up before stretching does a number of beneficial things, but primarily its purpose is to prepare the body and mind for more strenuous activity.² One of the ways it achieves this is by helping to increase the body's core temperature while also increasing the body's muscle temperature. By increasing muscle temperature, you are helping to make the muscles loose, supple, and pliable. This is essential to ensure the maximum benefit is gained from your stretching.

Stretch gently and slowly. (Avoid bouncing): Stretching slowly and gently helps to relax your muscles, which in turn makes stretching more pleasurable and beneficial. This will also help to avoid muscle tears and strains that can be caused by rapid, jerky movements.

Stretch ONLY to the point of tension: Stretching is NOT an activity that was meant to be painful; it should be pleasurable, relaxing and very beneficial. Although many people believe that to get the most from their stretching they need to be in constant pain, this is one of the greatest mistakes you can make when stretching.

Breathe slowly and easily while stretching: Many people unconsciously hold their breath while stretching. This causes tension in your muscles, which in turn makes it very difficult to stretch. To avoid this, remember to breathe slowly and deeply during your stretching. This helps to relax your muscles, promotes blood flow and increases the delivery of oxygen and nutrients to your muscles.

An example

Let's look at one of the most controversial stretches ever performed and see how the above would be applied.



The stretch above has a reputation as a dangerous, bad stretch and should be avoided at all costs. So why is it that at every Olympic Games, Commonwealth Games and World Championships you see sprinters doing this stretch before their events? Let's apply the above checks to find out.

Firstly, consider the person performing the stretch.³ Are they healthy, fit and physically active? If not, this isn't a stretch they should be doing. Are they elderly, overweight, and unfit? Are they young and still growing? Do they lead a sedentary lifestyle? If so, they should avoid this stretch!

This first consideration alone would most likely prohibit 25% of the population from doing this stretch.

Secondly, review the area to be stretched. This stretch obviously puts a large strain on the muscles of the hamstrings and lower back. So, if your hamstrings or lower back aren't 100% healthy, don't do this stretch.

With the high occurrence of back pain among the population, this second consideration could easily rule out

another 25%, which means this stretch is only suitable for about 50% of the population. Or, physically fit and healthy, injury-free individuals.

Then apply the four precautions above and the physically fit and healthy, injury-free individual can perform this stretch safely and effectively.

Remember, the stretch itself isn't good or bad. It's the way it's performed and who it's performed on that makes it effective and safe, or ineffective and harmful.

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Brad Walker is often referred to as the "Stretch Coach" and has even been called the Stretching Guru. Magazines such as *Runners World*, *Bicycling*, *Triathlete*, *Swimming & Fitness*, and *Triathlon Sports* have all featured his work. Amazon (author page) has listed his books on five Best-Seller lists. Google cites over 100,000 references to him and his work on the internet. And satisfied customers from 122 countries have sent 1,000's of verified customer reviews. If you want to know about stretching, flexibility or sports injury management, Brad Walker is the go-to-guy.

Join Brad in Sydney on April 5 & 6 for a 2-day hands-on in-person workshop where you'll learn how to perform over 40 assisted stretching exercises that you can use in your practice.



More research in Homeopathy

Robert Medhurst | BNat ND DNutr DRM DBM DHom

When properly prescribed, homeopathy is a very effective method of healing. For those of us who use it in our clinical practices, this effectiveness is obvious - we don't need to be convinced by randomised double-blind trials, systematic reviews, or any other form of research that it's capable of assisting our clients to return to a state of good health. For some people though, some of our potential clients, professional colleagues and professional critics, it requires rigorous external validation. Fortunately, there are numerous examples of the efficacy of homeopathy that can be found in the peer-reviewed scientific literature and following are some recent examples of this work.

Human Research

1. Saha S, Tamkeen R, Saha A. An open observational trial evaluating the role of individualised homeopathic medicines in the management of nocturnal enuresis. *Indian Journal of Research in Homoeopathy.* 2018;12(3):149-56. This Indian study looked at the homeopathic management of nocturnal enuresis using a prospective, single arm, pre-post comparison, non-randomised, open-label, observational trial on 34 people of 5–18 years of age presenting with nocturnal enuresis at the outpatient department of The Calcutta Homoeopathic Medical College and Hospital. A scoring scale was developed: scores were measured at baseline, and after the 2nd and 4th months. Compared

to baseline, scores reduced significantly over 2 months and the use of the homeopathic medicines was associated with a statistically significant reduction in symptoms.

2. Sharma R, et al. Assessment of the effectiveness of homeopathic remedies in improving quality of life of chronic urticaria patients in a typical clinical setting. *Indian Journal of Research in Homoeopathy.* 2018;12(3):139-48. The aim here was to evaluate the effectiveness of constitutional homeopathic treatment for chronic urticaria (CU) patients attending the Outpatient Department of the State Homoeopathic Dispensary, Ahmadpur, Aligarh, Uttar Pradesh, India. A CU quality of life questionnaire (CU-Q2oL) and average Urticaria Activity Score for 7 days (UAS7) questionnaires were filled out at baseline and at the 3rd, 6th, 9th and 12th months. Scores were analysed using one-way repeated measures ANOVA with SPSS version 19. A total of 134 patients were screened; 70 were diagnosed with CU and enrolled in the study. Their data were analysed under a modified intention-to-treat approach. A significant difference was found between the baseline and 12th month CU-QoL score (mean difference 34.14 with standard error of 1.65, 95% confidence interval, lower bound 29.31, upper limit 38.94, $P < 0.001$). A one-way repeated measures ANOVA was calculated for comparing CU-Q2oL scores ($F [2.45, 169.46] = 260.89, P \leq$

0.000, effect size = 0.791). *Apis mellifica* ($n = 10$), *Natrum muriaticum* ($n = 9$), *Rhus toxicodendron* ($n = 8$) and *Sulphur* ($n = 8$) were the most frequently used medicines.

3. Adler UC, et al. Double-blind evaluation of homeopathy on cocaine craving: a randomized controlled pilot study. *J Integrative Medicine.* 2018;16(3):178-84. This study investigated the effectiveness and tolerability of homeopathic Q-potencies of opium and *E. coca* in the integrative treatment of cocaine craving in a community-based psychosocial rehabilitation setting. It used a randomised, double-blind, placebo-controlled, parallel-group trial design over 8 weeks and was conducted at the Psychosocial Attention Center for Alcohol and Other Drugs (CAPS-AD), Sao Carlos/SP, Brazil. A total of 54 people with an International Classification of Diseases-10 diagnosis of cocaine dependence (F14.2) were enrolled in the study. The patients were randomly assigned to either of two treatment groups: psychosocial rehabilitation plus homeopathic Q-potencies of opium and *E. coca* (homeopathy group), or psychosocial rehabilitation plus indistinguishable placebo (placebo group). The mean percentage of cocaine-using days in the homeopathy group was 18.1% (standard deviation (SD): 22.3%), compared to 29.8% (SD: 30.6%) in the placebo group ($P < 0.01$). An analysis of the



Minnesota Cocaine Craving Scale scores showed no between-group differences in the intensity of cravings but results significantly favoured homeopathy over placebo in the proportion of weeks without craving episodes and the patients' appraisal of treatment efficacy for reduction of cravings.

4. Gleiss A, Frass M, Gaertner K. Re-analysis of survival data of cancer patients utilizing additive homeopathy. Complement Ther Med. 2016;27:65-7. doi: 10.1016/j.ctim.2016.06.001. This was a brief re-analysis of the data from a previous study looking at the relative survival data from cancer patients treated with homeopathy. The team took account of a probable immortal time bias. For patients suffering from advanced stages of cancer and surviving the first 6 or 12 months after diagnosis, respectively, the results show that utilising homeopathy gives a statistically significant ($p < 0.001$) advantage over control patients regarding survival time. In conclusion, bearing in mind all limitations, the results of this retrospective study suggest that patients with advanced stages of cancer might benefit from additional homeopathic treatment until a survival time of up to 12 months after diagnosis.

5. Bagot JL. Using hetero-isotherapics in cancer supportive care: the fruit of fifteen years of experience. Homeopathy. 2016;105(1):119-25. In this work the authors set out to determine if the use of homeopathic medicines made from chemotherapy drugs, also called hetero-isotherapy, would reduce the level of side-effects from chemotherapy experienced by people being treated for cancer. The treatment involved taking a daily dose of the homeopathic medicine made from the chemotherapy drug used, with the patient taking ascending potencies from 5C to 15C. The team observed a significant decrease in side effects, allergic reactions and late sequelae in the more than 6,000 hetero-isotherapeutic treatments given to some 4,000 patients. The better tolerance to chemotherapy and the improvement in quality of life led to an increase in treatment adherence. No interference with chemotherapy was observed. When it was necessary to prescribe another homeopathic medicine, combination with hetero-isotherapy generally improved its effectiveness.

6. Poole J. Individualised homeopathy after cancer treatment. Nurs Times. 2014;110(41):17-9. This was a small, community-based study carried out in the UK which explored the benefits of a 3-month course of individualised

homeopathy (IH) for survivors of cancer. A total of 15 survivors of any type of cancer, for whom up to 3 years had passed since their conventional treatment ended, were recruited by a walk-in cancer support centre, and patients scored their total, physical and emotional wellbeing using the Functional Assessment of Chronic Illness Therapy for Cancer before and after receiving four IH sessions over a 3-month period. The group as a whole showed statistically significant, positive results for total, physical and emotional wellbeing, suggesting IH has a role in symptom control and general recovery from conventional cancer treatment.

In-Vitro Research

1. Bishayee K, Sikdar S, Khuda-Bukhsh AR. Evidence of an epigenetic modification in cell-cycle arrest caused by the use of ultra-highly-diluted Gonolobus Condurango extract. Pharmacopuncture. 2013;16(4):7-13. This work was carried out to determine if homeopathically prepared Condurango 30C was capable of arresting the cell cycles in cervical cancer cells (HeLa cells) by triggering an epigenetic modification through a modulation of the activity of the key enzyme histone deacetylase 2 vis-a-vis the succussed alcohol (placebo) control. The team

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checked the activity of different signal proteins (p21(WAF), p53, Akt, STAT3) related to deacetylation, cell growth and differentiation by western blot and analysed cell-cycle arrest, if any, by fluorescence-activated cell sorting. After viability assays had been performed with Condurango 30C and with a placebo, the activities of histone de-acetylase (HDAC) enzymes 1 and 2 were measured colorimetrically. While Condurango 30C induced cytotoxicity in HeLa cells in-vitro and reduced HDAC2 activity quite strikingly, it apparently did not alter the HDAC1 enzyme; the placebo had no or negligible cytotoxicity against HeLa cells and could not alter either the HDAC 1 or 2 activity. Data on p21(WAF), p53, Akt, and STAT3 activities and a cell-cycle analysis revealed a reduction in DNA synthesis and G1-phase cell-cycle arrest when Condurango 30C was used at a 2% dose. In summary, Condurango 30C appeared to trigger key epigenetic events of gene modulation in effectively combating cancer cells, which the placebo was unable to do.

2. Saha S, et al. Calcarea carbonica induces apoptosis in cancer cells in p53-dependent manner via an immuno-modulatory circuit. BMC Complement Altern Med. 2013;13:230. The authors of this study attempted to evaluate the efficacy of Calcarea carbonica, a homeopathic medicine, as an anti-cancer agent and to

delineate the molecular mechanism(s) underlying Calc carb-induced tumour regression via trypan blue dye-exclusion test, flow cytometric, Western blot and reverse transcriptase-PCR techniques. Further, siRNA transfections and inhibitor studies were used to validate the involvement of p53 pathway in Calc carb-induced apoptosis in cancer cells. The results confirmed a significant anti-cancer effect and that Calc carb induced a "two-step" mechanism of the induction of apoptosis in tumour cells, that is, (1) activation of the immune system of the host; and (2) induction of cancer cell apoptosis via immuno-modulatory circuit in p53-dependent manner by down-regulating Bcl-2:Bax ratio. Bax up-regulation resulted in mitochondrial transmembrane potential loss and cytochrome c release followed by activation of caspase cascade. Knocking out of p53 by RNA-interference inhibited Calc carb-induced apoptosis, thereby confirming the contribution of p53.

3. Saha S, et al. Contribution of the ROS-p53 feedback loop in thuja-induced apoptosis of mammary epithelial carcinoma cells. Oncol Rep. 2014;31(4):1589-98. Workers here examined the anti-tumourigenic activity of homeopathically prepared Thuja occidentalis, and the molecular mechanisms underlying thuja-induced apoptosis of functional p53-expressing

mammary epithelial carcinoma cells were elucidated. Cells were treated with Thuja or placebo at potencies of 6C, 30C or 200C at different concentrations (10, 15, 20 and 30 µl/ml) for different time-points (0, 6, 8, 12, 24, 36 and 48 hours) to select the optimum time required for cell killing. The results showed that Thuja successfully induced apoptosis in functional p53-expressing mammary epithelial carcinoma cells. Abrogation of intracellular reactive oxygen species (ROS), prevention of p53-activation, knockdown of p53 or inhibition of its functional activity significantly abridged ROS generation. Notably, under these conditions, Thuja-induced breast cancer cell apoptosis was reduced, thereby validating the existence of an ROS-p53 feedback loop. Elucidating this feedback loop revealed bi-phasic ROS generation as a key mediator of Thuja-induced apoptosis. The first phase of ROS was instrumental in ensuring activation of p53 via p38MAPK and its nuclear translocation for transactivation of Bax, which induced a second phase of mitochondrial ROS to construct the ROS-p53 feedback loop. Such molecular crosstalk induced mitochondrial changes i) to maintain and amplify the Thuja signal in a positive self-regulatory feedback manner; and ii) to promote the mitochondrial death cascade through cytochrome c release and caspase-driven apoptosis.

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Time for a rebrand - *Plantar Fasciitis* *or Heel Pain?*

Riccardo Galeotti | BSc. Acupuncture



Abstract

Plantar heel pain (PHP), once humorously referred to as 'Gonorrhoeal Heel', has been confusing and frustrating people for centuries. While we've grown accustomed to the modern day term 'plantar fasciitis', it may be time for a rebrand. This article takes a humorous but evidence-based walk through the diagnostic approaches, risk factors, and treatment options for this all too common condition. Exploring fascia with the current shocking revelation that it might be more than tendon breakdown than inflamed fiasco, we explore the ins and outs of this perplexing condition.

Plantar Heel Pain (PHP) has gone through quite the identity crisis over the centuries. Back in the 1600s, it was charmingly referred to as "Gonorrhoeal Heel"⁽¹⁾(yikes!), clearly before anyone had Google to set the record straight. Fast forward a few hundred years, and it's had all sorts of nicknames – "Runner's Heel," "plantar fasciopathy," and the classic "heel spur" – none of which make it sound any more like fun. But the term that's stuck around like a bad heel ache is "plantar fasciitis."

However, more recent wisdom suggests we should start calling it "Plantar Heel Pain" (PHP)⁽²⁾ instead. Why? Because not every case involves fascial inflammation,⁽³⁾ and let's be real, "fasciitis" makes it sound a lot scarier than it is. So, PHP it is! You know, just to keep things broad and inclusive.

Diagnostic approaches and current guidelines

According to Buchanan,⁽⁴⁾ PHP affects 10% of the population at some stage in their lives and accounts for 11% to 15% of all foot symptoms in general practice. PHP is related to a tendon pathology, as it requires warming up to improve the overall pain and thus rest and immobility,

particularly office work with constant reduction in load, will stir up the PHP. That is the biggest give away to PHP – that sharp pain when you first step out of bed in the morning, which eases after a few steps. The story is true for prolonged sitting or standing, again it's either under-load or over-capacity that gets the PHP worked up; and remember that tendons are 24-hour reminders of activity overload. Pain won't necessarily increase immediately, but up to 24 hours after any increased load.

Diagnosing PHP is a bit like solving a foot-based mystery. It's mostly about piecing together clues: where's the pain? What hurts when you poke it? (Yes, that's an actual diagnostic tool). In fact, 9 out of 10 times, poking around the plantar fascia's proximal insertion point gives you all the answers you need and can provide critical diagnostic clues.^(5,6) But if you're feeling fancy, you can break out the ultrasound machine – because, apparently, people with PHP are 105 times more likely to have plantar fascia thickening than their lucky, pain-free counterparts.⁽⁵⁾ Oh, and don't forget to check off the five clinical guideline boxes: the lift-your-toes-in-dorsiflexion test (aka the windlass test⁽⁷⁾ – no, it's not a magic

spell), a negative tarsal tunnel test,⁽⁸⁾ limited ankle motion,⁽⁹⁾ and the handy foot posture index checking abnormal foot posture ⁽¹⁰⁾ among others. Heel spurs may or may not be involved with PHP, but honestly, they're like that guest at a party who doesn't really belong – most people with them aren't even in pain, or don't even know they have the spurs, which suggests no link between the two.⁽⁶⁾

Recent research on PHP

And here's a plot twist for you: PHP might not even be the inflammatory beast we once thought it was. In fact, it's starting to look a lot like tendinopathy – a degenerative condition where your tissues just give up a little ^(3, 11) due to a change in load. So, all those anti-inflammatory meds might not even be the star of the show anymore. New research is pointing us toward a degenerative process, where the tissue starts breaking down without a ton of inflammation, so maybe hold off on those corticosteroid shots unless you're really sure they're needed.⁽¹²⁾ Who knew? Another recent study also found signs of inflammation alongside degenerative changes, indicating that inflammation may still play a role in the deterioration of plantar fascia fibres.⁽¹³⁾



The common patient and psychosocial impact of PHP

Let's face it, living with PHP isn't just about hobbling around and wincing every time your heel hits the floor. It gets into your head too. Patients with PHP tend to experience more than just foot pain - they're often dealing with heightened levels of anxiety, depression, and stress.(14) Not to mention that some develop kinesiophobia, which is a fancy way of saying they're scared of moving because, well, movement hurts.(15) It's like your feet are holding the rest of your mental health hostage. Fun, right?

Risk factors and long-term prognosis of PHP

PHP is that friend who refuses to leave long after the party's over. If you've had it for more than seven months, it's probably time to dig deeper and come up with a battle plan.(16) And here's the kicker - about 60% of people recover within two years, but for some unlucky souls, PHP can persist for up to a decade.(17) Risk factors include all the usual suspects: high BMI, flat feet, thickened plantar fascia, heel spurs, and conditions like Baxter's neuropathy.(18) Oh, and if you're a woman over 40 with bilateral foot pain, your odds of shaking it off aren't great, especially if you've got a heightened BMI and your plantar fascia is thickening like an overgrown shrub. Not to mention runners. I don't think Forrest Gump had an issue but 8% of all running injuries are from PHP.(19) Bottom line? Keep an eye on your feet - they can be surprisingly stubborn to feel and understand. Creating a process-driven assessment is ideal to prevent most foot conditions, as the research indicates treatment outcomes are poor.

The lowdown on fixing your heel without losing your footing

When it comes to managing PHP, we need to take a step-by-step approach - pun intended! Let's ease into the process, starting with the least invasive methods. Trust me, no need to dust off your "Sell Your Feet on eBay" business plan just yet. Evidence-based approaches

typically involve a combination of heavy-slow resistance training (HSR), stretching, foot orthoses (those fancy shoe inserts), heel cups (a little love for your heels), tape (think foot duct tape), and electrophysical agents such as a combination of ultrasound and iontophoresis.(20) Yes, that last one sounds like something from a sci-fi flick, but it's a legitimate treatment method.(21, 22)

Best practice, according to research, involves a mix of methods: taping, stretching, education, and, most importantly, listening to patient feedback. We adjust your load - static and dynamic - and work on pain education (because, let's be real, pain and panic are best friends forever but they don't need to be). Add a sprinkle of footwear advice, and boom, you're on your way to happy feet. If none of this works, we can always bring in shockwave therapy or orthotics, though not everyone agrees on their effectiveness.(23)

Let's get serious: injections and surgery

If all the taping, stretching, and duct-taping your feet to oblivion isn't cutting it, we might need to escalate things. Enter injections. Ah yes, corticosteroid injections - the foot equivalent of turning the volume down on your plantar fascia's temper tantrum.(24) Just be careful not to overdo it, or your fascia might stage a rebellion (and trust me, you don't want that). Feeling fancy? There's Botulinum toxin A - yes, Botox for your feet. Because why should your face get all the fun? This can relax your overworked foot muscles and give your fascia a much-needed vacation.(25) But the idea of silencing some muscles in a foot that's already crying for help needs further investigation. After all, once the Botox takes effect, what compensates for the now-relaxed muscles over the next 8 to 12 weeks?(26)

If that's still not enough, let's talk Platelet-Rich Plasma (PRP) injections, where your own blood becomes the superhero that kicks your heel pain to the kerb.(27)

And if the injections still don't work, don't go selling your feet just yet. Surgery is the SWAT team of the PHP world. You've got endoscopic fascial release - a super stealthy way to cut that fascia tension - or gastrocnemius recession to lengthen your calf muscle and give your plantar fascia a break.(28-30) But remember, surgery should be your absolute last resort. It's like calling in a professional cleaner after you've tried scrubbing with baking soda and vinegar for weeks - good, but only when nothing else works.

Patient education: because knowledge is power

One of the most underrated tools in managing PHP is education. I believe the best way to relieve plantar fascia pressure is restoring function in the foot, and that involves the entire functional limb. More on this to come. Runners, listen up: you need to reduce your training volume. Yes, I know you love those 5am jogs, but PHP doesn't care about your runner's high. You've got to run less and rebuild your strength before you ramp things up again. And a little pain during exercise? That's not necessarily a bad thing. In fact, research says pain during exercise doesn't equal harm.(31, 32) So, don't freak out if your heel screams at you a little - tendons like progressive loads!

Now, if you're carrying some extra weight the hard truth is that losing some can really help reduce PHP. Studies show that dropping your BMI - even through bariatric surgery - can reduce the chances of developing PHP.(33) It's not the easiest conversation, but your heels will thank you in the long run (pun intended).

Orthoses, taping, and stretching: your foot's new best friends

Let's talk about orthoses - those fancy insoles that look like they were designed by NASA but really just support your arches. Research says prefabricated orthoses, the ones you can buy at the chemist, are just as good as custom-made



ones.(34) Research says prefabricated orthoses are just as good as custom-made ones (34,35)– the ones you can buy at the chemist, no need for a bespoke NASA-designed pair. So, before you splash out on the Rolls Royce of insoles, maybe stick with the affordable ones. They work just fine, and you can save that cash for a pair of snazzy running shoes instead. In the short term, adding cushioning may just be enough to redistribute the load of the heel. Orthoses, in my experience, are a very temporary intervention, not a long-term solution. But they're practical if you don't know how to strengthen the foot, or if a client is unwilling to regulate foot function via exercise (since, let's be honest, exercise compliance can be a challenge).(36)

As for taping, think of it as a foot hack. It's like duct tape for your arch – simple, effective, and a quick fix. Just don't expect it to last forever. You'll need to

keep reapplying it, but that's better than hobbling around all day.(37, 38)

And let's not forget stretching - a good stretch is key. Focus on the Achilles tendon and plantar fascia to keep them flexible and reduce tension. If stretching bores you to tears, remember: it's about keeping things balanced down there.

Resistance training: time to get pumped

Now we move onto the heavy stuff: resistance training. If you thought your heel was just a passive bystander, think again. Heel raises, whether single-leg or bilateral, are essential for strengthening your plantar fascia. Why? Because your plantar fascia needs to get strong. In fact, research suggests resistance training might work faster than just stretching. (21,22) So, get ready to hit the (heel) gym, but perhaps focus on improving function or mobility in various segments of the foot first to make the most of the

stretching. In my clinical practice I have observed that a single calf raise requires dorsiflexion of the digits, plantarflexion of the metatarsals, and dorsiflexion of the tarsals and heel for optimal calf activation.

And what about those isometric exercises that seem to be trending? Well, let's just say the jury's still out. Research shows that isometric exercises don't do much in terms of reducing pain in PHP, so maybe skip those and stick with the good old isotonic exercises, where you actually move.(39, 40)

A final word on foot biomechanics: let's get personal

Now here's my real beef with a lot of the current research: foot function literature isn't always individualised for the patient. Most of us spend our days walking, and your feet take a beating - whether it's from your daily strolls, a

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sprint to catch the bus, or just standing too long in the wrong shoes. Every time you walk, your foot endures forces up to 80% of your body weight.⁽⁴¹⁾ That's a lot of pressure, and if your feet aren't functioning properly, it's no wonder PHP can become such a persistent issue.

Flat feet complicate the situation further from a biomechanical perspective. Flat feet might sound like a cosmetic concern, but from a biomechanics perspective, they're a major culprit in PHP. The plantar fascia plays a huge role in creating and maintaining your foot's arches, essentially acting like a built-in suspension system.⁽⁴²⁾ When those arches are compromised, so is the foot's ability to perform its two primary functions during walking: absorbing shock as a flexible structure and propelling you forward like a rigid lever. Without proper arch support, your foot loses its elasticity, and the once well-oiled machine that is the windlass mechanism - the system responsible for storing and releasing energy as you walk - starts to break down.^(43, 44)

Let's dig deeper. Flat feet aren't just an aesthetic issue - they make it nearly impossible for your foot to pronate (roll inward) and supinate (roll outward) properly during the gait cycle. These movements are crucial for balancing the forces placed on your foot. When pronation and supination go haywire extra strain is placed on your plantar fascia - especially at its insertion point on the heel. So, instead of the plantar fascia serving as a shock absorber and spring, it becomes overloaded with stress. This constant, unchecked load might explain why PHP is such a chronic pain in the heel (literally).⁽⁴⁵⁻⁴⁷⁾

By addressing these biomechanical issues, you empower your plantar fascia to perform optimally, with the potential for a long-term solution to PHP. And that's why biomechanics are so critical in treating PHP. It's not just about alleviating pain - it's about restoring the balance and function of the foot. Flat-footed patients need more than just

pain management: they need to retrain their feet to create and maintain the arches that provide necessary support. This includes working on the plantar fascia's tensile strength to ensure it functions optimally during every step. If your feet can't handle the forces placed on them daily, your plantar fascia is going to continue its downward spiral. Addressing biomechanical issues is key to ensuring that your plantar fascia isn't bearing more weight than it should -and that's how you win the battle against PHP.

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Integrating Kinesiology as a Supportive Therapy for Scoliosis:

A Holistic Approach to Physical and Emotional Well-Being

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Abstract

Scoliosis, characterised by an abnormal lateral curvature of the spine, presents multifaceted challenges that impact both physical health and emotional well-being. This case study examines the application of kinesiology as a supportive therapy for scoliosis, focusing on a female client with noticeable physical imbalances and significant psychological distress related to her condition. By employing a series of kinesiology sessions, substantial improvements in both physical alignment and emotional health were observed. This article delves into the case study, describing assessment and treatment approaches, findings (supported by photographic evidence) and potential implications of using kinesiology for scoliosis, offering insights into its benefits within holistic and natural medicine practices. In so doing, it argues the need for the inclusion of complementary medicine practices, such as kinesiology, in the management of scoliosis.

Introduction

Carl Ferreri (1, p1) hypothesised that “the body reacts to any kind of chronic pain or trauma by trying to avoid it.” This concept underpins the view taken in this study that scoliosis is a neurological response rather than merely a spinal deformity. Ferreri proposed that “scoliosis is a compensatory reaction to a cerebellar system deficit, leading to a locked or frozen body position that could result in spinal curvature, especially if the trauma occurs before puberty ends.”

Kinesiology is a holistic therapeutic practice that integrates concepts and philosophy from various disciplines, including traditional Chinese medicine, chiropractic evaluation via muscle

testing, and psychology, to address physical, emotional, and mental imbalances in the body. It involves the use of muscle monitoring to assess the body's responses to stressors and identify areas of imbalance or dysfunction. This approach is rooted in the understanding that the body has an innate ability to heal itself when blockages or imbalances are resolved.(2) Kinesiology also incorporates insights from neurology, physiology, and biomechanics, emphasising the interconnectedness of the body's systems and their influence on overall well-being.(3) By focusing on restoring balance and facilitating the body's natural healing processes, kinesiology aims to improve physical function, emotional health, and overall vitality.(4,5)

In the context of scoliosis, kinesiology offers a supportive therapy that addresses both the physical manifestations and the underlying emotional factors associated with the condition. By using muscle testing, it is believed that a kinesiologist can identify areas of tension and imbalance, which may contribute to the spinal curvature. Treatment protocols may include targeted muscle activation, stress-relief techniques, and emotional balancing to reduce the psychological trauma that can be linked to scoliosis. This comprehensive approach not only aims to improve physical alignment and mobility but also to enhance the client's emotional resilience, fostering a holistic pathway to healing and improved quality of life.



This study aims to answer the question: Can kinesiology and its methods address the neurological causes of scoliosis? It documents improvements in a client's condition through before-and-after photographs and session summaries.

Literature Review

Recent research on scoliosis has highlighted a combination of genetic and environmental factors as significant contributors to its development. Genetic studies have identified several susceptibility genes, suggesting a hereditary component to idiopathic scoliosis, which is the most common form, typically arising during adolescence. Environmental factors, such as physical activity levels and hormonal changes, also play a role in its onset. These findings underscore the multifaceted nature of scoliosis and the importance of considering both genetic predisposition and lifestyle factors in its development.(4,5)

In terms of treatment, current approaches include non-surgical and surgical options, depending on severity. Bracing remains a cornerstone for managing moderate scoliosis in growing children, aiming to halt curve progression. Advances in bracing technology have led to more comfortable

and effective designs. For severe cases, surgical interventions such as spinal fusion have been the standard. However, new techniques like vertebral body tethering (VBT) offer a less invasive alternative, allowing for correction while maintaining spinal flexibility. VBT has shown promising results in clinical trials, presenting a viable option for patients who meet specific criteria.(6,7)

The prognosis for scoliosis varies depending on the severity and timing of diagnosis. Early detection and intervention are crucial, as they can significantly improve outcomes and prevent progression. With modern treatment options, many individuals with scoliosis can achieve good functional outcomes and maintain a high quality of life. Ongoing research continues to explore innovative treatment methods, including less invasive surgical techniques and novel therapeutic approaches, aiming to enhance the effectiveness of scoliosis management and improve long-term prognosis.(6,7,8,9)

Ferreri (1) suggests that scoliosis is a response to a deficit in the cerebellar system, causing muscles to remain in a state of contraction, or 'locked,' resulting in an abnormal spinal curvature. This perspective aligns with the holistic

approach of kinesiology, which considers the interconnectedness of physical and emotional health. Kinesiology, with its emphasis on muscle testing and energy balancing, offers a unique approach to addressing these underlying emotional factors, potentially alleviating physical symptoms.(10)

The research of the German New Medicine (GNM) framework provides further insights into the development of scoliosis. According to GNM, a 'hanging healing', where the healing process is constantly interrupted by conflict relapses, can lead to recurring recalcification and eventual deformation of the spine, presenting as scoliosis. Chronic muscle spasms and tightness can occur in a hanging healing of a moderate self-devaluation conflict (specifically a "central self-devaluation conflict" caused by humiliating treatment) or a motor conflict of "feeling stuck." (11,12)

Case Study

The client presented with a right-side high scapula, low-side left scapula, high-side left rib cage, and a slight curvature of the spine, particularly noticeable when bending forward. She did not report any pain or restricted movement, and her condition had not affected her ability to move or be active.

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A series of three kinesiology sessions were conducted, focusing on muscle testing to identify and address underlying emotional correlations and physical imbalances. The First Stage of Defence Protocol derived from the Functional Neuro Training Manual by Andrew Verity(13) was used in each session. Neuro Training, an advanced evolution of kinesiology, emphasises the principles of genetic protocols in neuro training, aiming to restore balance and improve overall well-being. The sessions included the following steps:

1. **Initial Assessment:** Comprehensive assessment of the client's physical condition, emotional state, and history of trauma or significant life events.
2. **Muscle Testing:** Identifying muscle response and areas of imbalance using kinesiology techniques.
3. **Emotional Release:** Addressing identified trapped emotions, experiences, patterns, beliefs, and traumas through techniques such as Emotional Freedom Technique (EFT) and Neuro-Emotional Technique (NET).
4. **Physical Realignment:** Applying corrective measures to improve physical alignment and relieve muscle tension.
5. **Follow-Up Assessments:** Regular follow-up assessments to monitor progress and make necessary adjustments to the treatment plan.

Physical Improvements

Session 1: Initial assessment revealed significant imbalances with noticeable misalignment in the scapulae and rib cage. Muscle testing identified associated emotional traumas that occurred pre-puberty relating to the core issue of "I must look away from anything inappropriate or intimate in nature." The client's parent physically turned their head when such content was apparent.

Session 2: After addressing some of the emotional traumas and applying corrective measures, a slight improvement in physical alignment was observed with reduced tension in



THE CORE TRAUMA DEALT WITH IN THIS SESSION FOCUSED ON LIFELONG ISSUES OF "NOT GOOD ENOUGH" AND BELIEFS SUCH AS "I AM ONLY SIGNIFICANT IF I AM ATTRACTIVE" AND "I AM NOT ATTRACTIVE SO I WILL NEVER BE SIGNIFICANT."

the muscles around the scapulae. The core emotion dealt with in this session focused on the client's inability to accept or like her appearance, stemming from early-life experiences of being humiliated or made fun of by others because of a particular physical trait.

Session 3: Continued progress was noted with further improvements in muscle strength and alignment of the body. The protruding rib cage appeared less pronounced on forward bending. There was marked improvement in physical alignment, with the scapulae appearing more level and the rib cage more balanced. The client's posture improved significantly, and the spinal curvature was less noticeable. The core trauma dealt with in this session focused on lifelong issues of "not good enough" and beliefs such as "I am only significant if I am attractive" and "I am not attractive so I will never be significant." Appearance

and her perception of it showed as a core issue, also linking to the high value she placed on achieving as a compensation for the fact that she believed herself to be "unattractive." Other beliefs that tied into this included: "Only attractive people get what they want. I'll never be attractive, so therefore I have to be inspiring to attract someone." Ultimately, "I am disgusting and will never be enough."

Emotional Improvements

Session 1: The client expressed significant emotional distress related to her scoliosis, including feelings of disgust and low self-esteem.

Session 2: After initial emotional release techniques, the client reported feeling lighter and more positive.

Session 3: Continued emotional work led to increased self-awareness and a



reduction in negative self-perception. The client reported a significant improvement in her emotional state, with increased self-confidence and a more positive outlook on her condition.

Discussion

The findings from the kinesiology sessions support Ferreri's hypothesis that scoliosis may be influenced by neurological and emotional factors. The observed improvements in the client's physical alignment and emotional well-being suggest a strong correlation between addressing underlying emotional traumas and alleviating physical symptoms.(1,8)

The concept of "turning away" from pain or emotional trauma, as proposed by Ferreri, was particularly relevant in this case. The client's physical misalignments appeared to be a compensatory reaction to her emotional distress, and by addressing these emotional factors, significant physical improvements appeared to be achieved. This holistic approach aligns with the principles of kinesiology, emphasising the interconnectedness of the mind and body. For example, on a physical level, when you see someone flinch, or turn away while holding their hands to their face to avoid being hit or attacked, the posture we form while doing so mimics

the physical twisting pattern often seen in people with a scoliosis - one high scapular, one low. Try it for yourself: hold your hands in a guard position in front of your face, like a boxer would do. Now imagine a fist or ball coming at your face and the twisting motion you would make to avoid it.

This raises the question: Is the body of a person with scoliosis subconsciously stuck in defence on a nervous system level and still trying to avoid something traumatic or dangerous that it still thinks is a threat? The simple act of turning away from ourselves in the mirror can create the posture of someone with a scoliosis.

In my clinical observation I have noticed a pattern of deep-seated issues associated with the feelings of self-disgust and ugliness, coupled with the need to look away from what patients perceive as ugly, inappropriate, not good enough, or disgusting. For example, one recent client with scoliosis had childhood trauma related to being constantly called ugly by her parent. She shared that she would look in the mirror, screaming and tearing at her hair, hitting her own face, and then looking away from herself for many years from a very early age.

Photographic Evidence

Photographic evidence was collected throughout the sessions to document the client's progress. Two key photographs illustrate the session-by-session improvements:



FIGURE 1 (Pre-Treatment 5th March 2024 and After Treatment 28th March 2024): The initial assessment shows significant misalignment with a high right scapula, low left scapula, and pronounced curvature of the spine when bending forward.

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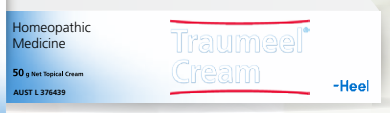
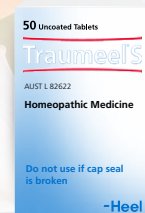




FIGURE 2 (Pre-Treatment 16th May and After Treatment 16th May 2024): This photograph shows noticeable improvements in physical alignment, with a more balanced appearance in the scapulae and rib cage.

The findings from this case study highlight the potential benefits of using kinesiology as a supportive therapy for scoliosis. By addressing both the physical and emotional aspects of the condition, significant improvements appeared to be observed in the client's physical alignment and emotional well-being. These results support the hypothesis that scoliosis may involve neurological and emotional components and that addressing these underlying factors can lead to substantial improvements.

The holistic approach of kinesiology, with its emphasis on muscle testing, emotional release, and physical realignment, offers a unique and effective method for managing scoliosis symptoms. This case study provides valuable insights into the potential applications of kinesiology in natural medicine, suggesting that it may be a valuable addition to the range of treatments available for scoliosis.

Conclusion

The application of kinesiology as a supportive therapy for scoliosis has shown promising results in this case study. By addressing the emotional

and physical aspects of the condition, significant improvements appear to have been achieved, highlighting the potential benefits of this holistic approach. Further research and clinical trials are needed to explore the broader applications of kinesiology in managing scoliosis and other conditions involving both physical and emotional components.

While this case study does not claim that every person with scoliosis will have the same emotional issues, it is hoped that the improvements observed here demonstrate the potential value of a deeper holistic approach to treating dysfunction, illness, and symptoms. It underscores the necessity of treating patients in a truly holistic manner for the best outcomes, providing potential evidence that complementary medicine can be helpful for achieving the best results.

Disclaimer: The information presented in this case study is intended for educational and informational purposes only and should not be construed as medical advice or a substitute for professional healthcare consultation. The techniques and protocols described are based on the author's experience and the cited references. They are not intended to diagnose, treat, cure, or prevent any disease. Kinesiology and other complementary therapies mentioned in this study should be considered as supportive approaches within a holistic health framework. Individuals seeking treatment for scoliosis, or any other medical condition should consult with a licensed healthcare provider to determine the most appropriate course of action based on their specific needs and medical history. The results observed in this case study are specific to the individual client and may not be representative of typical outcomes. Further research and clinical trials are necessary to validate the efficacy and safety of kinesiology and related therapies for the treatment of scoliosis and other conditions.

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Celebrating 30+ years of ATMS membership

Amanda Dickie



What has kept you practising for 30+ years?

The reward of helping to make a difference in people's lives and wellbeing has definitely been a major factor as to why I'm still practising. I also love learning, and the natural therapy training and education I've embarked on over the 30+ years has given me not only the opportunity to up-skill,

but to grow and develop and become more attuned to nature, for that I am truly grateful.

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

Over the years I've seen the awareness and acceptance of natural therapies in the community grow and having health funds support. With the medical system struggling to keep up with client/patient care, it would be wonderful to see more collaborations which in turn would support the health industry.

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

I would personally love to see more collaboration with Western medicine and natural medicine working alongside each other, with more acceptance of how one can be of benefit to the other at appropriate times, to see more integration for clients care. For example, with cancer care, more working together for the best outcomes and looking at clients holistically.

I would like to see natural therapies become more financially affordable for everyone, so that the therapies we all offer aren't just exclusive to those who can afford it. There is so much trauma out there in the world, it would be wonderful to offer our skills in broader areas to support people in need.

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

To find what really makes your heart open, what you are passionate about and share those gifts with others as you really can make a difference. Often we don't even know the impact we can have on one's health, wellness journey and life. Keep learning and expanding your knowledge as our clients are our biggest teachers. Always remember to listen - as we all want to feel heard.

Kylie Dobrowolski



What has kept you practising for 30+ years?

Besides needing to earn money like everyone else and supporting my family, the main thing that has kept me practising since 1994 would be the lifestyle I have been able to incorporate and the people I have met and opportunities that have come along the way, the clients I treat

and their extended family - massaging generations of clients from pregnancy through to finishing high school, grandparents and parents as well as massaging the dedicated athletes and supporting them in their chosen sporting careers.

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

Health funds have ebbed and flowed along the way, but health funds have not really ever been a problem as most clients are happy to pay without a health fund. The main thing I have noticed over the years is that clients are more informed about their health and wellbeing, so I have not had to educate my clients as much as I had to in the early days. I have enjoyed extra study and like that there is more research available.

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

I would hope that over the next 30 years, more finance is available for research into sustainable living and medicine, allowing the general population to increase their awareness of healthy ways of living and not necessarily thinking massage is an indulgence, rather a healthy way of life and pain management choice. Also, massage is still only available to a particular socioeconomic group, so it would be nice if there was more available funding for womens' health clinics etc.

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

Keep informed and educated. Look after your own health. Be aware of projections, transference and countertransference between the therapist and the client. Keep good boundaries. Have confidence in yourself, also be aware of your limitations and don't be afraid to say you don't know and to research and refer to a wider network of practitioners.



Warren Lowry



What has kept you practising for 30+ years?

After operating my private clinic for 5 years in Deniliquin and Griffith I began doing many courses based on where I thought my career would like to take me. In the early stages of my career I was fortunate to meet the right people in the right places that catapulted me forward at a rate of knots and in a direction I could not have dreamed of.

I managed to secure a 2-week placement at the Institute of Sport in Canberra. I was immediately in their system and before long I had job interviews for sports massage therapists in Canberra. My world of Remedial Massage had just been given a giant boost. I was so excited. I felt at home.

I was employed by the Australian Institute and the ACT Academy of Sport. I was involved in four Olympic Campaigns and was sent to 37 different countries as a Public Servant Sports Therapist.

I was placed into the University of Canberra to study in Biomechanics and Functional Anatomy which was crucial for my work. This was a pivotal part of my career and it gave me so much direction, drive, knowledge and the opportunity to treat and manage elite athletes in their training and recovery. I felt at home using massage to manage injuries through understanding biomechanical actions and a better knowledge of the nervous system and its firing patterns.

I believe the insight sport gives us of the toll on the human body can help us understand the everyday toll that we therapists have to consider when helping our clientele.

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

In my own personal experience I can only speak for what I believe has changed in my role, and in my own practice, as I don't get out and speak to that many therapists. I have found that experience and the countless conversations with our clients gives us a better understanding of how society affects their body and what they are or are not doing about it.

I think it's great to see us being a part of the health system and massage being finally recognised as an integral part of the healing process.

I happen to treat many GPs from my region and it is comforting to get the referrals even though massage is not formally part of the medical referral system.

How do you envisage natural medicine developing over the next 30 years?

I'm not sure. But I want to keep working and helping people. I know the challenges are there and I want to keep improving. Health funds and their recognition of us will become more and difficult, so there'll be changes there.

I would love us more experienced therapists to be recognised for our time spent practising and not being forced to courses for CPE that we honestly have no interest in. How much can we fit in these old heads when we have spent years developing skills from our knowledge and our success is proven.

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

Go to the trouble and buy an up/down table for your main practice room. The height that you treat has to vary depending on what you are treating and is paramount to the longevity of your career. You may still need a portable table for obvious reasons. You don't get to 34 years of treating bodies without looking after yourself - the therapist.

A skeleton and a white board. Every time you explain something on your skeleton or whiteboard you are continuing your own learning ...

Think outside the box.

We can stay within our boundaries but be a bigger part of the health and wellness system.

Be part of a connected network for your client. Link them up and stay linked up yourself with other practitioners who can help. Remember the client might really benefit from your advice to use others and form a group of practitioners who have similar goals - that is the client's outcome, (not the practitioner's bank balance).

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Teresa Mitchell-Paterson



What has kept you practising for 30+ years?

What has kept me practising for over three decades is the profound privilege of working in partnership with people to optimise their health. As they say it is not a job if you love every minute and that is how I feel. I started my journey caring for cancer patients, mentored by a fellow

of naturopathy, where I witnessed the extraordinary resilience of the human body and spirit. Every case I encounter is unique, and I thrive on the challenge of untangling complex health issues, exploring the pathophysiology, and applying translational medicine to guide patients towards better health. Seeing people regain their vitality, often when they've felt all hope was lost, inspires me to keep learning and practising every day. I also enjoy passing my knowledge on to students, and by remaining in practice, I can share my experiences.

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

Over the years, integrating scientific research with traditional wisdom has been one of the most transformative shifts in natural medicine. When I started, natural therapies were often dismissed as anecdotal, and I likened it to a term I coined "practising on the fringe"! But today we see a wealth of clinical evidence supporting the efficacy of natural medicine. Nutrigenomics, epigenetics, phytotherapy research, and the growing understanding of the gut microbiome have revolutionised the way we approach individualised care. The shift towards evidence-based practice has not only elevated the credibility of natural medicine but also created opportunities for greater collaboration with conventional healthcare, which benefits patients immensely. I am also stunned that empirical knowledge is undervalued as we now research the herbs or nutrients we have always used in clinical practice to validate them; therefore, in many instances, I still rely on best practices and the wisdom of our forebears.

How do you envisage natural medicine developing over the next 30 years? What changes in natural medicine would you most like to see?

I envisage natural medicine becoming increasingly personalised, driven by advances in technology like AI, wearable health monitors, and deeper insights into genomics. We are moving towards an era where interventions will be tailored not just to the individual, but to their specific genetic and epigenetic profile.

I'd also like to see natural medicine and conventional healthcare working more cohesively, bridging the gap to create truly integrative healthcare systems. This collaboration would allow patients to benefit from the best of both worlds. Additionally, I hope for an even greater emphasis on prevention, with public health initiatives that educate and empower people to take charge of their well-being through lifestyle, herbal therapeutics and nutritional choices.

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

My advice is to remain curious, compassionate, and committed to lifelong learning. Natural medicine is an ever-evolving field, and staying abreast of the latest research will help you deliver the best care to your patients. At the same time, never lose sight of the human element; listening intently to your patients and understanding their unique stories will often reveal the most effective path forward. My mantra is "compassion, empathy, insight, and advocacy". I say this every day before I start my practice.

Embrace complexity and don't shy away from difficult cases; they are opportunities to grow as a practitioner. Above all, look after your health and well-being. You cannot pour from an empty cup. I always use this example when talking to patients or students who do not care for themselves first. Who gets the oxygen mask first on an aircraft? You do, to enable you to help others! Maintaining balance will allow you to serve your patients with renewed and sustained energy.



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A Case of Gross Professional Negligence

Ingrid Pagura | BA, LIB

In a recent case in the UK, ‘an alternative healer’, as he was referred to, was accused of gross negligence manslaughter when Danielle Carr-Gomm, 71, who had type 1 diabetes, fell fatally ill in 2016 after she stopped taking her insulin and fasted during a paid *lajin* therapy retreat run by Hongchi Xiao at a country house in Wiltshire.

He promoted ‘slapping therapy’, taken up by millions of people across the world, which involves slapping body parts until they turn red and bruise with the aim to increase circulation and draw out latent disease. After being found guilty, Hongchi Xiao was sentenced on 6 December 2024 to a 15-year sentence.

It was not the particular therapy that was in question in this case, but rather that the practitioner was grossly negligent by failing to take reasonable steps to encourage [the patient] to take insulin and to summon medical help when it was clearly required. When she became seriously ill, crying in pain and weakening, Xiao blamed her decline on a ‘healing crisis’.

The prosecution said Xiao should have been fully aware of the danger Carr-Gomm was in because the year before a 6-year-old boy with type 1 diabetes had also died at a workshop run here in

Australia. After telling the boy’s mother to stop giving him insulin, the boy died. In the case under discussion here Xiao was convicted of gross negligence manslaughter and jailed.

In the case of the boy in Australia, the court found that ‘shortly after the start of the workshop ... the defendant told [the boy’s] mother to stop [his] insulin injections. Such an instruction is clear evidence of how strongly held the defendant’s views were, for example, as to insulin being poison’.

IT WAS NOT THE PARTICULAR THERAPY THAT WAS IN QUESTION IN THIS CASE, BUT RATHER THAT THE PRACTITIONER WAS GROSSLY NEGLIGENT BY FAILING TO TAKE REASONABLE STEPS TO ENCOURAGE [THE PATIENT] TO TAKE INSULIN AND TO SUMMON MEDICAL HELP WHEN IT WAS CLEARLY REQUIRED.

By the third day, the boy’s mother told the workshop group that her son’s health was deteriorating, and that he was vomiting, had high blood sugar and high ketone levels. Despite this, Xiao continued to instruct the boy’s mother not to give him insulin. As his condition deteriorated, Xiao stated ‘it is the detox. All the bad stuff ... come out from his body, his organ. It’s just part of self-healing body adjustment.’

Finally, 4 days later, as the boy had a seizure, Xiao began slapping the boy’s inner elbows. Paramedics arrived but were unable to resuscitate him.

The judge in this English case referred to the Australian one saying ‘he was ultimately prosecuted for and convicted of manslaughter. He advocated a course that he knew was not medically justified and was contrary to medical experience, and a boy died as a result’.

In this case of Danielle Carr-Gomm, Xiao argued that he was not a medical doctor, and it was up to participants in his workshops to continue to take the conventional medication they needed. He said Carr-Gomm was stubborn and had chosen not to take her medicine or listen to his advice. So, a point of difference here is that Xiao says he did not direct her to stop taking insulin.



Carr-Gomm died 18 months after the 6-year-old boy. The court found that ‘his actions towards Danielle Carr-Gomm occurred when the very real, obvious, and serious risk of death had become all the more real and all the more obvious.

‘They involved similar conduct, congratulating a type 1 diabetic who replaced insulin with paida lajin, and taking no action to secure her help despite the cruel lesson that ought to have been provided by the boy’s untimely death.’

However, the court found that when Carr-Gomm became seriously ill at the workshop, crying in pain and weakening, Xiao blamed her decline on a ‘healing crisis’. Evidence showed that Carr-Gomm could have been saved if paramedics had been called a few hours earlier.

The judge, in jailing, Xiao also stated that ‘his “undiminished belief” made him certain that “history may repeat itself”, leading to the conclusion that he was dangerous’.

This case has relevance to all complementary therapists and highlights how negligent behaviour can be found to be so extreme that it becomes criminal. Manslaughter is an offence where you may not have intended the person to die, but where your actions, or lack of them, has led to someone’s death.

Remember that as a therapist you owe a duty of care to take reasonable action so as not to cause foreseeable harm to other people. In health situations, this relates to people who have a relationship with us, such as clients, patients, and attendees at our courses. Gross negligence has been defined as ‘a heightened degree

of negligence representing an extreme departure from the ordinary standard of care’. The difference between the two falls somewhere between intent to cause harm and reckless conduct affecting life.

In this case, Xiao ought to have foreseen what could have happened to Carr-Gomm if she had stopped taking insulin, as it had occurred in remarkably similar circumstances only 18 months earlier. Even failing to call the paramedics when her health deteriorated was not something a reasonable therapist would do.

There is much more to review about negligence and your responsibilities to clients. Next issue, I will review the area of negligence in detail.

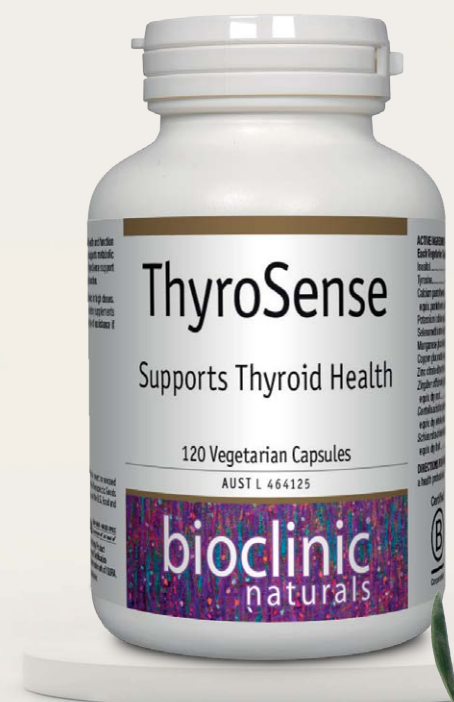
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Acupuncture and TCM

Gamus D, Shoenfeld Y. Acupuncture therapy in autoimmune diseases: A narrative review.

Autoimmun Rev. 2025 Jan 31;24(2):103709. doi: 10.1016/j.jautrev.2024.103709. 90

We provide a narrative review of experimental and clinical evidence for the effect of acupuncture in autoimmune diseases, based on randomized controlled studies, systematic review and meta-analyses, published between the years 2000-2023. Acupuncture in experimental models of rheumatoid arthritis (RA), multiple sclerosis, psoriasis, ulcerative colitis (UC) downregulated inflammatory cytokine expression, increased IL-10 expression, improved Treg cell differentiation, and also modulated macrophage polarization in RA and UC models. The anti-inflammatory effect of acupuncture in autoimmune disorders has been demonstrated to involve vagal-adrenal and cholinergic anti-inflammatory pathways. The analgesic effect of acupuncture involves both peripheral and central anti-nociceptive mechanisms. Randomized controlled studies support the use of acupuncture in rheumatoid arthritis, fibromyalgia, Crohn's disease and in Sjogren's syndrome. Some evidence indicates that acupuncture may be beneficial as a symptomatic treatment for multiple sclerosis, myasthenia gravis, psoriasis and ankylosing spondylitis.

Wang F, Ma DY, Yang JT, Lyu DF, Gao QH, Li CL, Zhong CF. Mechanisms and efficacy of Chinese herbal medicines in benign prostatic hyperplasia. Chin J Integr Med. 2025 Jan;31(1):73-82. doi: 10.1007/s11655-024-3916-0

Benign prostatic hyperplasia (BPH) is one of the most common diseases in elderly men, the incidence of which gradually increases with age and leads to lower urinary tract symptoms (LUTS), which seriously affects the quality of life of patients. Chinese herbal medicines (CHMs) are widely used for the treatment of BPH in China and some other countries. To explore the molecular mechanisms of CHMs for BPH, we conducted a review based on peer-reviewed English-language publications

in PubMed and Web of Science databases from inception to December 31, 2023. This article primarily reviewed 32 papers on the use of CHMs and its active compounds in the treatment of BPH, covering animal and cell experiments, and identified relevant mechanisms of action. The results suggest that the mechanisms of action of CHMs in treating BPH may involve the regulation of sex hormones, downregulation of cell growth factors, anti-inflammatory and antioxidative effects, inhibition of cell proliferation, and promotion of apoptosis. CHMs also exhibit α -blocker-like effects, with the potential to relax urethral smooth muscle and alleviate LUTS. Additionally, we also reviewed 4 clinical trials and meta-analyses of CHMs for the treatment of BPH patients, which provided initial evidence of the safety and effectiveness of CHMs treatment. CHMs treatment for BPH shows advantages as a multi-component, multi-target, and multi-pathway therapy, which can mitigate the severity of the disease, improve LUTS, and may become a reliable treatment option in the future.

Gan D, Gao TS, Ma L, Lu H, Dai H, Liu QY, Lai YW, Liu XH, Peng ZD, Chen RY, Qiu ZY, Tong Y, Yan RX, Liu JH, Shen Q, Wang C, Yu SS, Chen SW, Liu XW, Chen XY, Zhang FN, Wang ZM, Wang YN, Yang X. Clinical efficacy of Chinese herbal medicine formula for Graves' hyperthyroidism: A multicentre, randomized, double-blind, placebo-controlled clinical trial. J Ethnopharmacol. 2025 Feb 10;338(Pt 3):119106. doi: 10.1016/j.jep.2024.119106

Ethnopharmacological relevance: According to the theory of traditional Chinese medicine, Graves' disease (GD) is called 'Ying Bing', which is a kind of goiter. Haizao Yuhu decoction, originated from the medical book of the Ming Dynasty 'Waikezhengzong', is a classic Chinese herbal formula for the treatment of 'Ying Bing' for more than 400 years. Pingkang granules, modified from the Chinese herbal formula Haizao Yuhu decoction specialized in GD, has shown effectiveness in several single-centre studies. However, high-quality clinical evidence for the management of GD using Pingkang granules remains insufficient.

Aim of the study: To obtain high-quality medical evidence for the treatment of GD with Pingkang granules through randomized controlled clinical trial.

Materials and methods: A multicentre, randomized, double-blinded, placebo-controlled clinical trial was designed. A total of 186 patients with Graves' hyperthyroidism from five medical centers were randomly assigned to receive methimazole [MMI] and Pingkang granules placebo (group A), MMI and Pingkang granules (group B), or MMI placebo and Pingkang granules (group C) in a 1:1:1 ratio for 12 weeks. The primary clinical outcomes were serum free triiodothyronine (FT3) and free thyroxine (FT4) levels from baseline until the end of the research. Secondary clinical outcomes included serum thyrotrophin receptor antibody (TRAb) levels at 4- and 12-weeks post-intervention, thyroid volume, peak systolic velocity of the superior thyroid artery (STA-PSV), 39-item version of Thyroid-Related Patient-Reported Outcome (ThyPRO39) scores, and safety assessment included blood routine, liver and kidney function tests from baseline to the endpoint.

Results: 150 patients were included in the full analysis set for efficacy analysis, including 48, 50, and 52 in groups A, B, and C, respectively. At the endpoint, three regimens significantly reduced serum FT3 levels (group A, $p=0.0027$; group B, $p < 0.0001$; group C, $p=0.0028$) and FT4 levels (group A, $p < 0.0001$; group B, $p < 0.0001$; group C, $p < 0.0001$), and the combination of MMI and Pingkang granules markedly reduced serum TRAb levels ($p = 0.0014$). The thyroid volume in group A was significantly larger than that at baseline at week 12 ($p=0.0370$), and there were no statistically significant differences in the thyroid volume among groups at week 4 ($p=0.7485$) and 12 ($p=0.1333$). STA-PSV values in group B were significantly higher than those in group A at week 4 ($p=0.0409$). The STA-PSV levels in groups A ($p < 0.0001$) and C ($p=0.0025$) were significantly lower than those at baseline at week 4, and STA-PSV levels



in all groups were significantly lower than those at baseline at week 12 (group A, $p=0.0095$; group B, $p=0.0138$; group C, $p=0.0423$). Pingkang granule monotherapy significantly ameliorated symptoms related to hyperthyroidism ($p < 0.0001$), eye ($p=0.0490$), tiredness ($p < 0.0001$), cognition ($p < 0.0001$), depression ($p=0.0478$), and susceptibility ($p=0.0052$). No severe adverse events were reported in either group or three regimens showed similar safety.

Conclusions: Pingkang granules significantly reduced serum FT3, FT4 and STA-PSV levels, improved ThyPRO39 scores, and lowered serum TRAb levels when combined with MMI in patients with Grave's hyperthyroidism.

Bai Y, Liu T, Zhang S, Shi Y, Yang Y, Ding M, Yang X, Guo S, Xu X, Liu Q. Traditional Chinese medicine for viral pneumonia therapy: Pharmacological basis and mechanistic Insights. Int J Biol Sci. 2025 Jan 6;21(3):989-1013. doi: 10.7150/ijbs.105086

Different respiratory viruses might cause similar symptoms, ranging from mild upper respiratory tract involvement to severe respiratory distress, which can rapidly progress to septic shock, coagulation disorders, and multiorgan failure, ultimately leading to death. The COVID-19 pandemic has shown that predicting clinical outcomes can be challenging because of the complex interactions between the virus and the host. Traditional Chinese medicine (TCM) has distinct benefits in the treatment of respiratory viral illnesses due to its adherence to the principles of "different treatments for the same disease" and "same treatment for different diseases". This paper examines the effectiveness and underlying mechanisms of key TCM treatments for viral pneumonia in recent years. The aim of this study was to discover and confirm the active substances of TCM with potential therapeutic effects on viral pneumonia and their integrative effects and synergistic mechanisms and to provide a scientific basis for elucidating the effectiveness of TCM treatment and drug discovery. Furthermore, a thorough

analysis of previous research is necessary to evaluate the effectiveness of TCM in treating viral pneumonia.

Gao S, Li J, Wang W, Wang Y, Shan Y, Tan H. Radosia rubescens (Hemsl.) H. Hara: A potent anti-tumor herbal remedy - Botany, phytochemistry, and clinical applications and insights. J Ethnopharmacol. 2025 Jan 31;340:119200. doi: 10.1016/j.jep.2024.119200

Ethnopharmacological relevance: Traditional Chinese herbal medicine has unique advantages as anti-cancer drugs and adjuvant therapies. *Radosia rubescens* (Hemsl.) H. Hara (*R. rubescens*) is a traditional medicinal plant known for its anti-inflammatory, antioxidant, antibacterial, anti-angiogenic and antitumor properties. The antitumor activity of *R. rubescens* is widely recognized among the folk communities in Henan Province, China.

Aim of the study: This study reviews the botany, ethnopharmacology, phytochemistry, anti-tumor active ingredients, mechanisms, and clinical applications of *R. rubescens*, aiming to provide a comprehensive understanding for its use as an anti-cancer drug and adjuvant therapy.

Materials and methods: We systematically searched the literature in PubMed, Web of Science, and CNKI using the following keywords: "*Radosia rubescens*", "*Isodon rubescens*", "traditional application", "anti-tumor", "phytochemistry", "anti-tumor active compounds", "oridonin" and "clinical application". The search covered publications from 1997 to 2024. Inclusion criteria included original studies or reviews focusing on the anti-tumor properties of *R. rubescens* or its active components. Exclusion criteria included studies related to non-*R. rubescens* applications.

Results: *R. rubescens* is a perennial herbaceous plant in the family Lamiaceae, mainly found in central and southern China. Historically, it has been used to treat conditions such as sore throat, cough, and excess phlegm. The plant contains various compounds,

including diterpenes, triterpenes, steroids, flavonoids, phenolic acids, essential oils, amino acids, alkaloids, and polysaccharides, with diterpenes, triterpenes, flavonoids, and phenolic acids being the most active. This review identifies 50 compounds with anti-tumor properties, comprising 34 diterpenes, 2 triterpenes, 7 flavonoids, and 7 phenolic acids. Notably, besides oridonin and ponidicin, the ent-kaurane diterpenoids (20S)-11 β ,14 β ,20-trihydroxy-7 α ,20-epoxy-ent-kaur-16-en-15-one and (20S)-11 β ,14 β -dihydroxy-20-ethoxy-7 α ,20-epoxy-ent-kaur-16-en-15-one demonstrate significant anti-tumor activity, attributed to their carbonyl group at C-15, hydroxyl group at C-1, and OEt group at C-20. Mechanistically, *R. rubescens* combats tumors by blocking the tumor cell cycle, promoting apoptosis, inhibiting cell migration and angiogenesis, inducing ferroptosis, reversing drug resistance, and enhancing radiosensitivity in tumor cells. Clinically, *R. rubescens* is available in various forms, including tablets, drops, syrups, capsules, and lozenges, and is primarily used for tonsillitis, pharyngitis, and stomatitis. According to the 2020 edition of the Pharmacopoeia of China, *R. rubescens* tablets are recognized as an adjuvant therapy for cancer. Clinical studies indicate that *R. rubescens* syrup, tablets, and thermal therapy can enhance cancer patient survival rates and lower tumor recurrence rates.

Conclusions: Given its traditional and modern uses, active anti-tumor components, and mechanisms, *R. rubescens* is a promising resource in traditional Chinese medicine for anti-tumor therapy. To realize its full potential, future research should explore additional active anti-tumor compounds beyond oridonin and ponidicin. For these key components, studies should focus on structural modifications to identify new active molecules and essential anti-tumor structures. Clinically, it is important to investigate how *R. rubescens* interacts with other Chinese herbs in anti-tumor formulations to enhance treatment efficacy and guide appropriate clinical use. Furthermore, future studies should



undergo ethical review and include larger-scale randomized controlled trials to validate the efficacy of *R. rubescens* in treating tumors, thereby promoting its role as an anti-tumor traditional Chinese medicine.

Aromatherapy

Freeman J, Klingele A, Wolf U. Effectiveness of music therapy, aromatherapy, and massage therapy on patients in palliative care with end-of-life needs: A systematic review. *J Pain Symptom Manage.* 2025 Jan;69(1):102-113. doi: 10.1016/j.jpainsymman.2024.07.024. Epub 2024 Aug 13. PMID: 39142496.

Background: Music therapy, aromatherapy and massage therapy are widely used in palliative care in patients near end-of-life with the aim to reduce symptom burden and improve quality of life (QoL). Recent research shows an increase in popularity and use of complementary and integrative medicine however a more thorough evidence base about their usefulness is required.

Objectives: The aim of this study was to evaluate the available evidence on the use of music therapy, aromatherapy and massage therapy in palliative and hospice care and summarize findings.

Methods: A defined search strategy was used in reviewing literature from two major databases, MEDLINE and Embase for the period between 2010 and 2022. Studies were selected for further evaluation based on intervention type and relevancy. After evaluation using quality assessment tools, findings were summarised, and potential benefits were identified.

Results: Out of 1261 studies initially identified, 26 were selected for further evaluation. Sixteen evaluated music therapy, four aromatherapy and massage therapy. The most represented outcomes were pain, anxiety, well-being and QoL. Many studies demonstrated a short-term benefit in symptom improvement. Qualitative studies showed that these complementary methods are highly valued.

Conclusion: Main results found that music and massage therapy had the most potential benefits on a range of outcome parameters, including pain and QoL. Future studies may consider using more qualitative and/or mixed methods to provide a more comprehensive evaluation of treatment.

Ren YL, Chu WW, Yang XW, Xin L, Gao JX, Yan GZ, Wang C, Chen YN, Xie JF, Spruyt K, Lin JS, Hou YP, Shao YF. Lavender improves sleep through olfactory perception and GABAergic neurons of the central amygdala. *J Ethnopharmacol.* 2025 Jan 30;337(Pt 3):118942. doi: 10.1016/j.jep.2024.118942

Ethnopharmacological relevance: The use of lavender as sleep aid or hypnotic agent can be traced back as early as ancient Romans and Greeks. Yet, objective experimental data on whether and how lavender enhances sleep duration or/and sleep quality remain lacking.

Aim of the study: We aimed to characterize the sleep-wake regulating effects of lavender in the mouse and to demonstrate the brain targets and neural circuits involved.

Materials and methods: A self-made precise odor delivery system combined with chronic polysomnographic recordings was employed to assess the sleep-wake effects of inhalation with lavender essential oil (LEO, extracted from lavender) and its different constituents during the light and dark phases in free-moving C57BL/6J mice. Neuroviral labeling, in situ hybridization and pharmacogenetics were combined to identify the neural circuits and targets involved. Finally, an insomniac model of DL-4-Chlorophenylalanine (PCPA)-treated mice was established to examine the sleep-inducing potential of LEO.

Results: We found that inhalation of LEO with a concentration at 25.0% during the light (inactive) phase significantly shortened the latency to non-rapid eye movement (NREM) sleep, increased the total amount of NREM sleep at the expense of wakefulness

(W), and enhanced cortical EEG slow wave activities, notably delta power spectra density. We further identified linalool, d-limonene, 1,8-cineole, linalyl acetate and terpinene-4-ol as the major effective sleep-promoting monomer components. Importantly, we found that LEO no longer produced any of the above sleep-promoting effect following either nasal injection of zinc sulfate which interrupts the olfactory pathway, or pharmacogenetics silencing of central amygdala GABAergic neurons. Finally, LEO reestablished NREM sleep with short latency in PCPA-treated insomniac mice, effects comparable with those induced by a potent sedative diazepam.

Conclusions: We have characterized the quantitative and qualitative sleep-promoting effects of LEO and its effective components via the olfactory pathway and central amygdala GABA neuronal targets. The hypnotic property of LEO is reinforced by its ability to restore sleep in insomnia. Our study thus establishes a neurobiological basis for aromatherapy of sleep disorders using lavender.

Wang X, Liu Y, Yan Y, Mao J, Wang Z. Effects of aromatherapy on discomfort in mothers undergoing cesarean section: A systematic review and meta-analysis of randomized controlled trials. *Complement Ther Clin Pract.* 2025 Feb;58:101935. doi: 10.1016/j.ctcp.2024.101935. Epub 2024 Dec 10. PMID: 39675059.

Background and purpose: Aromatherapy, a non-pharmacological intervention involving essential oils, has been suggested as a complementary therapy for perioperative discomfort. This study seeks to systematically examine the efficacy of aromatherapy in alleviating pain and other discomforts in mothers undergoing cesarean sections.

Methods: A systematic search of PubMed, the Cochrane Library, and Embase was conducted from inception to September 2024. Inclusion criteria involved mothers undergoing cesarean section, aromatherapy as an intervention, and outcomes such as pain, anxiety, nausea and vomiting. Subgroup analyses



explored the effects of distinct control groups, essential oil, dosage, number of sessions, and session length of aroma preparations. Statistical analysis was conducted using RevMan 5.3, with heterogeneity assessed using the Q test and I² statistic.

Results: Seventeen studies involving 1490 participants were included. Aromatherapy significantly reduced post-cesarean pain (SMD = -1.19, 95 % CI [-1.93, -0.45], $p = 0.002$). Chamomile oil, low dosage (≤ 2 drops), single session and sessions lasting 20 min or less were more effective in relieving pain. Aromatherapy significantly decreased nausea incidence (RR = 0.52, 95 % CI [0.33, 0.81], $p = 0.004$), reduced analgesic requirements (RR = 0.60, 95 % CI [0.49, 0.73], $p < 0.00001$), and improved patient satisfaction (RR = 1.64, 95 % CI [1.26, 2.12], $p = 0.0002$).

Conclusion: Aromatherapy effectively reduces post-cesarean pain, nausea, analgesic use, and improves patient satisfaction. Chamomile oil, low doses (≤ 2 drops), single session and short length (≤ 20 min) seems to be the most effective method for alleviating post-cesarean pain.

Complementary medicine

Kariuki SM, Newton CRJC. Integrating alternative and complementary medicine in the management of epilepsy and its comorbidities in low- and middle-income settings. *Epilepsy Behav.* 2025 Jan;162:110172. doi: 10.1016/j.yebeh.2024.110172

Traditional/alternative and complementary medicine (TCM) encompasses products, practices and practitioners that do not form part of conventional treatment and are not an integral part of the main health care systems. They are very common in the management of epilepsy and mental health conditions, particularly in low- and middle-income countries (LMIC). For instance, in a population-based survey in Africa, over 70% of people with epilepsy had visited a traditional health practitioner before the survey, with similarly high estimates

reported in Asia and South America. Accessibility, cultural appropriateness/alignment, non-response to conventional (biomedical) medicine, and exercise of control over one's treatment were some of the reasons TCM was preferred over conventional medicine. There is also emerging evidence that TCM products administered alone or together with anti-seizure medications result in improvement in seizure control, psychiatric comorbidities, and quality of life. Most of the convincing evidence is from biological-based therapies for example, multivitamin supplementation, ketogenic diet and cannabidiol extracts. Mind-based therapies e.g. Yoga and whole-body systems therapies e.g. Ayurvedic and Traditional Chinese Medicine have also generated interest in epilepsy care. There is a paucity of effectiveness studies of these therapies in LMIC such as Africa, where capacity to take these products through clinical trials is limited. There are however serious concerns on reliability of reported findings because of inadequate randomization, and small sample sizes, and concerns on quality and safety owing to lack of standardization of bioactive compounds, accidental or intention botanical substitution of products and unhygienic handling. There is growing interest in TCM worldwide because of its economic potential, concerns on safety and quality and potential for integration into the health care systems. There is urgent need to develop and implement national TCM regulatory policies and programmes aimed at expanding the knowledge base and providing guidance on quality assurance standards. However, LMIC continue to lag in implementation of these policies and guidelines, especially in the areas of research and development and regulation of TCM practice. Working with stakeholders, countries are advised to assess their own national situations in relation to TCM, and then develop practical solutions to accommodate these approaches. For instance, conduct surveys on benefits and risks of TCM in the management of epilepsy in the local context and use this information to promote appreciation of a role for TCM, which will ease integration into the main health systems.

Delibaş L, Polat F, Ekren Çakıcı A. Adults' State of Using Complementary and Alternative Medicine During the COVID-19 Pandemic: Complementary and Alternative Medicine During the COVID-19 Pandemic. *Holist Nurs Pract.* 2025 Jan-Feb 01;39(1):59-65. doi: 10.1097/HNP.0000000000000506

This study aimed to explore the attitudes of adults living in Turkey toward complementary and alternative medicine in the period of the coronavirus disease-2019 (COVID-19) pandemic and identify whether Turkish adults used complementary and alternative medicine during the pandemic. The cross-sectional study covered 3242 adults across Turkey. The data were collected via a Personal Information Form and the Holistic Complementary and Alternative Medicine Questionnaire. The participants had positive attitudes toward complementary and alternative medicine (33.8 ± 4.7). The results indicated that the Turkish adults widely used complementary and alternative treatment methods (70.5%) during the COVID-19 pandemic, and they were more oriented toward the use of herbal treatment (35.5%). It was identified that the primary reasons for using complementary and alternative medicine were to be protected from COVID-19, and if infected with COVID-19, to recover from it quickly with only mild symptoms.

Taha S, Taha M, Zyoud SH. Exploring Complementary and Alternative Medicine Use for the Management of Acne Vulgaris Among University Students: Forms, Trends, and Information Sources. *J Cosmet Dermatol.* 2025 Jan;24(1):e16775. doi: 10.1111/jocd.16775

Background: Acne vulgaris is a common skin disease that has physical and psychological impacts. Patients diagnosed with acne often use complementary and alternative medicine, despite the insufficient evidence.

Aims: This cross-sectional study sought to identify the types, trends in and reasons for utilizing complementary and alternative medicine for acne among university students.



Patients/methods: The study was conducted among health sciences students from March to June, 2023, using clinical examination and a questionnaire. All participants were assessed for a diagnosis of acne.

Results: The final sample size consisted of 367 participants, of whom 68.9% were females and 31.1% were males. The study revealed a high prevalence of acne (74.4%). Among those with acne, 59.7% reported using complementary and alternative medicine, with the biological forms being most frequent at 90.2%. The reasons commonly stated for using complementary and alternative medicine were lack of severity (48.5%) and the potential for internet-based self-treatment (33.1%). The main sources of information were the internet (44.8%) and social media (41.1%). Age, gender, and the occurrence of acne on the chin were associated with complementary and alternative medicine use ($p < 0.05$).

Conclusions: The use of complementary and alternative medicine for treating acne is widespread, with a tendency toward biological forms. Healthcare practitioners should be familiar with the patterns of complementary and alternative medicine use for the treatment of acne to better meet patient needs and concerns. Policymaking can leverage the role of online resources in addressing the use of unconventional treatment modalities.

Herbal medicine

Anand A, Shrivastava A, Singh K, Barik R, Gayakwad D, Jailani S, Shamim, Dwivedi S. Neuroprotective Efficacy and Complementary Treatment with Medicinal Herbs: A Comprehensive Review of Recent Therapeutic Approaches in Epilepsy Management. *CNS Neurol Disord Drug Targets*. 2025;24(1):60-73. doi: 10.2174/0118715273332140240724093837.

Central Nervous System (CNS) disorders affect millions of people worldwide, with a significant proportion experiencing drug-resistant forms where conventional medications fail to provide adequate seizure control. This abstract delves into recent advancements

and innovative therapies aimed at addressing the complex challenge of CNS-related drug-resistant epilepsy (DRE) management. The idea of precision medicine has opened up new avenues for epilepsy treatment. Herbs such as curcumin, ginkgo biloba, panax ginseng, bacopa monnieri, ashwagandha, and rhodiola rosea influence the BDNF pathway through various mechanisms. These include the activation of CREB, inhibition of NF- κ B, modulation of neurotransmitters, reduction of oxidative stress, and anti-inflammatory effects. By promoting BDNF expression and activity, these herbs support neuroplasticity, cognitive function, and overall neuronal health. Novel antiepileptic drugs (AEDs) with distinct mechanisms of action demonstrate efficacy in refractory cases where traditional medications falter. Additionally, repurposing existing drugs for antiepileptic purposes presents a cost-effective strategy to broaden therapeutic choices. Cannabidiol (CBD), derived from cannabis herbs, has garnered attention for its anticonvulsant properties, offering a potential adjunctive therapy for refractory seizures. In conclusion, recent advances and innovative therapies represent a multifaceted approach to managing drug-resistant epilepsy. Leveraging precision medicine, neurostimulation technologies, novel pharmaceuticals, and complementary therapies, clinicians can optimize treatment outcomes and improve the life expectancy of patients living with refractory seizures. Genetic testing and biomarker identification now allow for personalized therapeutic approaches tailored to individual patient profiles. Utilizing next-generation sequencing techniques, researchers have elucidated genetic mutations.

Danilov A, Frishman WH. Complementary Therapies: Tai Chi in the Prevention and Management of Cardiovascular Disease. *Cardiol Rev*. 2025 Jan-Feb 01;33(1):54-57. doi: 10.1097/CRD.0000000000000578

Cardiovascular disease has remained the top contributor to global mortality for decades, necessitating research

into the most effective methods of its prevention and treatment. Simultaneous with an immense amount of discovery and innovation in the field of cardiology, certain therapies with traditional Chinese origins have become progressively more popular in the West in recent decades. Specifically, ancient meditative mind-body practices such as Qigong and Tai Chi may lower cardiovascular disease risk and severity through a focus on movement and meditation. Such practices are generally low-cost and modifiable, with few adverse effects. Studies have shown higher quality of life in patients with coronary artery disease and heart failure after participation in Tai Chi, as well as a positive impact on cardiovascular risk factors such as hypertension and waist circumference. Most studies in the field have various limitations, such as small sample size, lack of randomization, and inadequate control; however, these practices show potential as an adjunct in the prevention and treatment of cardiovascular disease. Patients unable or unwilling to partake in traditionally aerobic activities may benefit greatly from such mind-body therapies. Nonetheless, more studies are warranted for more definitive answers to the question of Tai Chi and Qigong's effectiveness. In this narrative review, we discuss the current evidence surrounding the effects of Qigong and Tai Chi on cardiovascular disease, in addition to the limitations and difficulties in conducting such studies.

Western herbal medicine

Braunwalder C, Ertl J, Wullschlegler M, Timm E, Wolf U. Efficacy and safety of phytotherapy and anthroposophic medicine in seasonal allergic rhinitis: A Systematic Review. *Int Arch Allergy Immunol*. 2025;186(1):75-86. doi: 10.1159/000539645

Introduction: Seasonal allergic rhinitis (SAR) is a common health condition that is associated with an increased risk for bronchial asthma. Besides conventional medicine, treatments from traditional, complementary and integrative medicine are widely used by individuals with SAR. This review aims to systematically summarize evidence on



the efficacy, effectiveness, and safety of European/Western phytotherapy (PT) and medications from anthroposophic medicine (AM) in individuals with SAR.

Methods: Four electronic databases were screened for clinical studies published between January 1990 and March 2023. The results were qualitatively synthesized and the study quality was assessed.

Results: In total, 14 studies were included, 11 from European/Western PT and three from AM. About half of the studies were rated as being of sufficient quality. The most frequently studied plant was *Petasites hybridus* (butterbur), showing beneficial effects on immunological parameters, subjective symptoms, and nasal airflow. Beneficial immunological and clinical effects were also shown for an herbal preparation combining *Citrus limonis* (lemon) and *Cydonia oblonga* (quince). The medications examined by studies of sufficient quality were judged to be safe.

Conclusion: In summary, this systematic review highlights two herbal preparations, one from European/Western PT and one from AM, that appear to be promising options in the treatment of SAR.

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Firdaus A, Yunus MH, Izhar SK, Afaq U.

Medicinal plants in the treatment of respiratory diseases and their future aspects.

Recent Pat Biotechnol. 2025;19(1):2-18. doi: 10.2174/0118722083278561231212072408

The utilization of medicinal plants in the treatment of respiratory diseases has a rich history dating back centuries. A vast body of research literature, including review articles, research papers, case studies, patents, and books, provides substantial evidence supporting the use of medicinal plants in the treatment of diseases and injuries. This study delves into the diverse range of plant species known for their therapeutic properties, with a specific focus on their applications in respiratory health. Medicinal plants have played a crucial role as a source of ingredients for medications and the synthesis of drugs.

Globally, over 35,000 plant species are employed for medicinal purposes, particularly in emerging countries where traditional medicine, predominantly plant-based pharmaceuticals, serves as a primary healthcare resource. This review highlights the significance of medicinal plants, such as aloe, ginger, turmeric, tulsi, and neem, in treating a wide array of common respiratory ailments. These plants contain bioactive compounds, including tannins, alkaloids, sugars, terpenoids, steroids, and flavonoids, which have diverse therapeutic applications. Some medicinal plants, notably *Echinacea purpurea* and *Zingiber officinale*, exhibit potential for adjuvant symptomatic therapy in respiratory conditions, such as chronic obstructive pulmonary disease (COPD), bronchitis, asthma, the common cold, cough, and whooping cough. The leaves of medicinal plants like *Acacia torta*, *Ocimum sanctum*, *Mentha haplocalyx*, *Lactuca virosa*, *Convolvulus pluricaulis*, and *Acalypha indica* are commonly used to address pneumonia, bronchitis, asthma, colds, and cough. This review aims to shed light on specific medicinal plants with therapeutic value, providing valuable insights for researchers in the field of herbal medicine. These plants hold the potential to serve as novel therapeutic agents in the treatment of respiratory diseases.

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Wang R, Li Y, Ji J, Kong L, Huang Y, Liu Z, Lu L.

The emerging role of herbal medicines in cancer by interfering with posttranslational modifications. Antioxid Redox Signal. 2025

Jan;42(1-3):150-164. doi: 10.1089/ars.2023.0418

Significance: Herbal medicines have a long history of comprehensive cancer treatment through various posttranslational modifications (PTMs). Recently, emerging evidence revealed that dysregulation of reactive oxygen species (ROS) and ROS-regulated signaling pathways influence cancer initiation, growth, and progression in a paradoxical role with either low levels or increasing levels of basal ROS. However, ROS-triggered modifications of target proteins in the face of ROS-mediated signal transduction are not fully

understood in the anticancer therapies of herbal medicines. In this review, we briefly introduce the PTM-dependent regulations of herbal medicines, and then focus on the current ideals that targeting ROS-dependent PTMs via antioxidant and redox signaling pathways can provide a promising strategy in herbal-based anticancer effects.

Recent Advances: Advanced development in highly sensitive mass spectrometry-based techniques has helped utilize ROS-triggered protein modifications in numerous cancers. Accumulating evidence has been achieved in laboratory to extensively ascertain the biological mechanism of herbal medicines targeting ROS in cancer therapy. Two general mechanisms underlining ROS-induced cell signaling include redox state and oxidative modification of target protein, indicating a new perspective to comprehend the intricate dialogues between herbal medicines and cancer cellular contexts.

Critical Issues: Complex components of herbal medicines limit the benefits of herbal-based cancer therapies. In this review, we address that ROS-dependent PTMs add a layer of proteomic complexity to the cancer through altering the protein structure, expression, function, and localization. Elaborating ROS-triggered PTMs implicated in cell signaling, apoptosis, and transcriptional regulation function, and the possible cellular signaling, has provided important information about the contribution of many ROS targeting herbal therapies in anticancer effects. Continued optimization of proteomic strategies for PTM analysis in herbal medicines is also briefly discussed.

Future Directions: Rigorous evaluations of herbal medicines and proteomic strategies are necessary to explore the aberrant regulation of ROS-triggered antioxidant and redox signaling contributing to the novel protein targets and herbal-associated pharmacological issues. These efforts will eventually help develop more herbal drugs as modern therapeutic agents. Antioxid. Redox Signal. 42, 150-164.



Homeopathy

Maftei NM, Nechifor A, Tan B, Elisei AM, Pelin AM, Nechita L, Tatu AL, Leow LJ, Nwabudike LC. Therapeutic applications for homeopathy in clinical practice. *Adv Ther.* 2025 Jan;42(1):36-51. doi: 10.1007/s12325-024-03022-5

Homeopathy was founded some two hundred years ago by Dr Samuel Christian Hahnemann. Over time, it has grown to be among the most frequently used forms of alternative medicine in Europe and the USA. It is underpinned by the principle of 'like cures like', where highly diluted substances are used for therapeutic purposes, by producing similar symptoms to when the substance is used in healthy people. Many studies have been published on the value of homeopathy in treating diseases such as cancer, depression, psoriasis, allergic rhinitis, asthma, otitis, migraine, neuroses, allergies, joint disease, insomnia, sinusitis, urinary tract infections and acne, to name a few. We conducted a comprehensive review of the literature on homeopathy and evaluated its effectiveness in clinical practice. While there is evidence of the clinical benefits of homeopathy, its formal application requires more rigorous randomised controlled trials.

Kulkarni R. Nocturnal enuresis and homeopathy: A case report. *Altern Ther Health Med.* 2025 Feb 3:AT11465

Context: Bedwetting is a socially disruptive condition that can lower an individual's self-confidence. Bedwetting is quite common in school-going children and a close correlation has been observed between the mind and physical symptoms in many cases. Reassurance and relieving the anxiety in patients can help reduce the complaints. Nocturnal enuresis in a 9-year-old girl was treated with the constitutional approach to homeopathic medicine.

Objective: This case was undertaken to assess the efficacy of individualized homeopathic medicine for managing nocturnal enuresis.

Case summary: A 9-year-old girl came with complaints of bedwetting for the past 1 year. It was noticed that she had lost her sister who was 5 years old. The patient was thirsty and thermally chilly. No change in bowel habits was noted. Sleep was disturbed in the first half of night due to involuntary urination. The patient had a craving for sweets and a strong aversion to milk. After a detailed analysis of the case, the homeopathic medicine *Ignatia amara 30C* was prescribed for 15 days, and satisfactory results were observed.

Result: This case was successfully treated with the selected homeopathic medicine, preventing further complications.

Conclusion: Further studies can be undertaken to assess the effectiveness of homeopathy in the management of nocturnal enuresis.

Massage, myotherapy and other bodywork

Liu X, Zang L, Lu Q, Zhang Y, Meng Q. Effect of massage and touch on agitation in dementia: A meta-analysis. *J Clin Nurs.* 2025 Feb 4. doi: 10.1111/jocn.17674

Aims and objectives: To systematically assess the effects of massage and touch on agitation in patients with dementia and to determine the optimal intervention design.

Background: Agitated behaviour is the most common behavioural symptom in patients with dementia and can seriously affect the health status and quality of life of individuals with dementia and their caregivers. Massage and touch have been widely used as a non-pharmacological intervention to address the behavioural issues of dementia. However, current research findings on the effects of massage and touch on agitation in people with dementia are inconsistent.

Design: A meta-analysis of randomised controlled trials.

Methods: This meta-analysis complied

with PRISMA guidelines, and relevant literature up to January 2024 was systematically retrieved from PubMed, Embase, Web of Science, the Clinical Trials Registry, Cochrane Library and four Chinese databases. Statistical evaluations were performed utilising Review Manager 5.4, and the included studies' bias risks were assessed with the Cochrane Collaboration tool.

Results: Seventeen randomised controlled trials involving 980 patients with dementia were included. The results of the meta-analysis showed that massage and touch could ameliorate agitation and behaviour problems in dementia. Subgroup analyses based on massage type showed that hand, head and foot massage significantly improved agitation. Massage and touch for ≤ 4 weeks were more effective in reducing agitated behaviour than those for > 4 weeks. Furthermore, subgroup analysis revealed that massages and touch were more effective for individuals with less severe dementia.

Conclusions: Massage and touch in the short term can effectively improve agitation in dementia patients, while hand, head and foot massage can effectively reduce agitation. Thus, clinical nursing staff and caregivers of individuals should be actively helped to apply massage and touch to their patients. However, more studies are needed to validate our results before we can give a more definitive recommendation.

Relevance to clinical practice: This study suggests that massage and touch can be used as complementary treatments for agitation in people with dementia and encourages nursing staff and caregivers to apply massage and touch to better cope with the agitated behaviour of older adults with dementia.

Huang SY, Chiao CY, Chien LY. Effectiveness of abdominal massage on chronic constipation in adults: A systematic review and meta-analysis. *Int J Nurs Stud.* 2025 Jan;161:104936. doi: 10.1016/j.ijnurstu.2024.104936



Background: Chronic constipation is a common distressing symptom. Abdominal massage is a safe, noninvasive, and comfortable intervention. However, it is rarely used in formal clinical practice as its effectiveness for chronic constipation remains unclear.

Objective: This systematic review aimed to investigate the effectiveness of abdominal massage on defecation frequency, stool consistency, colonic transit time, constipation symptoms, quality of life, laxative use, and adverse events in adults. Additionally, we aimed to compare the effectiveness of abdominal massage in chronic constipation with different etiologies and types of abdominal massage techniques.

Methods: Data from eight English and Chinese electronic databases until May 15, 2024, including randomized controlled trials (RCT) and quasi-experimental studies, were used. The risk of bias was assessed using the Cochrane risk-of-bias tool. Results were synthesized using a random-effect model. This study was registered on the 7th of January 2023 to the International Prospective Register of Systematic Reviews (PROSPERO, CRD42023385243).

Results: A total of 23 studies with 1431 participants were eligible for the meta-analysis. Abdominal massage statistically significantly increased weekly defecation frequency (MD = 1.59; 95 % CI 1.06, 2.11; df = 10; I2 = 82 %), decreased gut transit time (MD = -21.53 h; 95 % CI -35.94, -7.12; df = 3; I2 = 65 %), and decreased constipation symptoms (SMD = -1.06; 95 % CI -1.33, -0.80; df = 18; I2 = 79 %) as compared to the control group; however, it did not reduce laxative use (OR: 0.43, 95 % CI 0.14, 1.34, p = 0.15; I2 = 74 %). In subgroup analysis, the effectiveness of defecation frequency appeared to be greater for functional constipation (SMD = 1.23; 95 % CI 0.87, 1.60; df = 6; I2 = 86 %) as compared to opioid-induced constipation (SMD = 1.06; 95 % CI 0.61, 1.50; df = 5; I2 = 5 %) or

neurogenic bowel dysfunction (SMD = 0.68; 95 % CI 0.26, 1.10; df = 4; I2 = 51 %). There were statistically significant differences in defecation frequency between the functional constipation and neurogenic bowel dysfunction groups (p = 0.075). Acupressure and aromatherapy massage had a greater effect on defecation frequency (SMD = 1.63; 95 % CI 1.06, 2.21; df = 3; I2 = 86 %) than circular massage (SMD = 0.90; 95 % CI 0.57, 1.22; df = 10; I2 = 68 %) or electric device massages (SMD = 0.83; 95 % CI 0.15, 1.51; df = 1; I2 = 82 %); however, high heterogeneity and a limited number of articles were encountered. No adverse reactions were observed in the non-neurogenic bowel dysfunction group.

Conclusion: This study reveals the efficacy of abdominal massage in alleviating symptoms of chronic constipation, as well as the differences in the effectiveness of different constipation types and massage techniques. Patients, caregivers, and health professionals can select abdominal massage techniques based on their effectiveness in specific type of constipation or troublesome symptoms.

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Win Myint O, Yoong SQ, Toh E, Lei F, Jiang Y.
Effectiveness of massage therapy for cancer pain, quality of life and anxiety levels: A systematic review and meta-analysis. J Clin Nurs. 2025 Jan;34(1):49-87. doi: 10.1111/jocn.17547

Aim: To synthesise the effectiveness of massage therapy for cancer pain, quality of life and anxiety among patients with cancer.

Design: Systematic review and meta-analysis.

Methods: This review was reported according to the PRISMA guidelines. Studies evaluating the effects of massage therapy on cancer pain, quality of life or anxiety in patients with cancer pain were eligible. The Cochrane Risk of Bias tool and Grading of Recommendations Assessment, Development and Evaluation were used to assess the

quality of studies. Outcomes were pooled using standardised mean differences and narratively synthesised when meta-analysis was not possible.

Data sources: Pubmed, EMBASE, Web of Science, CINAHL, CENTRAL, Google Scholar, ProQuest Theses and Dissertations were searched for English peer-reviewed studies and grey literature published from inception to 8 January 2024.

Results: Thirty-six RCTs involving 3671 participants were included. Massage therapy significantly improved pain (pooled SMD = -0.51, 95% CI -0.68 to -0.33), quality of life (pooled SMD = 0.48, 95% CI 0.19-0.78 when higher scores indicate better quality of life; pooled SMD = -0.52, 95% CI -0.88 to -0.16 when higher scores indicate poorer quality of life) and anxiety (pooled SMD = -0.38, 95% CI: -0.57 to -0.18) post-intervention. All outcomes had very low certainty of evidence. Most studies had unclear or high risk of bias.

Conclusion: This review found that massage therapy is beneficial to patients with cancer in improving pain, quality of life and anxiety. Healthcare institutions and healthcare professionals should recognise the value of massage therapy to enhance the care of patients with cancer pain.

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Makvandi S, Hadizadeh-Talasaz Z, Nosrati Hadi Abad SF, Manouchehri E, Larki M.
Effectiveness of sacral massage during labor in pregnant women: A systematic review and meta-analysis. Midwifery. 2025 Feb;141:104252. doi: 10.1016/j.midw.2024.104252

Background and aim: Performing sacral massage during the childbirth process can provide numerous benefits due to its potential to alleviate stress and exhaustion. This systematic review and meta-analysis aimed to assess the effectiveness of sacral massage in pregnant women during labor.

Method: A comprehensive search was conducted in main databases from inception to 18th May 2024. The



quality of included randomized control trials (RCTs) and quasi-experimental studies was assessed using the Jadad Scale and the Risk of Bias Assessment Tool for Nonrandomized Studies (RoBANS), respectively. All analyses were performed using the RevMan version 5.3. The GRADEpro GDT tool was utilized to determine the level of certainty of the evidence.

Findings: Nine articles were included in the systematic review and eight studies were included in the meta-analysis. The findings showed that in the sacral massage group, the labor pain intensity was significantly decreased (SMD = -2.40, 95 % CI -3.5 to -1.29, $p < 0.0001$, $I^2 = 97\%$). The findings also showed that sacral massage does not significantly alter the length of the first labor stage (MD = -0.04, 95 % CI -0.27 to 0.20, $p = 0.77$, $I^2 = 0\%$) and the total duration of labor (MD = -0.56, 95 % CI -1.66, 0.55, $p = 0.32$, $I^2 = 90\%$). The certainty of evidence for labor pain was moderate and for duration of the first stage and total duration of labor were very low.

Conclusion: This study demonstrated that sacral massage was an effective, non-pharmacologic method that significantly alleviating pain in women during childbirth. As a result, this intervention can be implemented in clinical settings during labor.

Albayrak G, Çağlıyan Türk A, Özgül S. Effects of connective tissue massage on physical and emotional symptoms, insomnia, and quality of life in postmenopausal women: A randomized, sham-controlled trial.

Maturitas. 2025 Jan;191:108149. doi: 10.1016/j.maturitas.2024.108149

Objectives: Connective tissue massage is a therapeutic approach with local, reflex, and systemic effects. This study evaluated the effects of connective tissue massage on postmenopausal symptoms, menopause-specific quality of life, and insomnia.

Study design: A total of 57 postmenopausal women were randomly

allocated to either the massage group ($n = 28$) or the control group (sham therapeutic ultrasound) ($n = 29$). Participants received massage or the sham intervention in 3 sessions per week for 4 weeks, each session lasting 15 min. The Wilcoxon test was used for within-group comparisons, and the independent groups t-test, Mann-Whitney U test, or Pearson chi-square test were used for between-group comparisons. Statistical significance was set as $p \leq .05$.

Main outcome measures: The primary outcome was menopausal symptom severity, assessed by the Menopause Rating Scale. Secondary outcomes included hot flash frequency, hot flash score (frequency \times severity), menopause-specific quality of life, emotional status, insomnia, and satisfaction with the intervention.

Results: Data from 52 of the 57 participants were included in the final analysis. There was a greater improvement in the massage group compared with the control group in all primary and secondary outcome measures except insomnia severity ($p \leq .05$).

Conclusions: Connective tissue massage can be offered as a first-line approach to improve physical and emotional health in the short term for postmenopausal women. Further studies are needed to determine the long-term effects.

Clinical trial registration number: NCT05293860.

Nutrition

Johnston EA, Ayre SK, Kalepa S, Bradford N, van der Pols JC. Information sharing and seeking about nutrition-related complementary and alternative medicines in online forums for people affected by cancer: A content analysis of discussion threads. *J Hum Nutr Diet.* 2025 Feb;38(1):e13390. doi: 10.1111/jhn.13390

Background: Online forums are

a key source of information about complementary and alternative medicine (CAM) for people affected by cancer, especially when information needs are not met in healthcare settings. This study therefore investigated nutrition-related CAM information seeking and sharing in online forums for people affected by cancer.

Methods: This study was conducted in a major online platform that hosts over 10 forums for people affected by cancer and has more than 10,000 registered users. A search strategy was applied to the forums to identify discussion threads with nutrition-related CAM information from January 2020 to December 2023. Content analysis was used to code the topic of, reason for, and source of nutrition-related CAM information sought or shared.

Results: Of 121 threads retrieved, 40 eligible threads contained 155 instances of nutrition-related CAM information seeking or sharing across 86 posts authored by 54 unique users. Most (89%) instances were information sharing rather than seeking. Topics commonly shared included using food items for medicinal purposes (e.g., ginger to reduce nausea) (25%), other sources of nutrition-related CAM information (e.g., book or naturopath) (17%), and oral nutrition supplements (16%). Most common reasons for sharing nutrition-related CAM information were strategies to manage treatment side effects (52%) and as complementary treatment (22%). Information shared was mostly sourced from personal opinion (44%) or experience (33%).

Conclusions: Information sharing about nutrition-related CAM is relatively common in online forums for people affected by cancer. Healthcare professionals should facilitate access to evidence-based information and advise caution when interpreting information shared in forums.



Schmitz KH, Brown JC, Irwin ML, Robien K, Scott JM, Berger NA et al., ENICTO Consortium. Exercise and nutrition to improve cancer treatment-related outcomes (ENICTO). *J Natl Cancer Inst.* 2025 Jan 1;117(1):9-19. doi: 10.1093/jnci/djae177

Chemotherapy treatment-related side effects are common and increase the risk of suboptimal outcomes. Exercise interventions during cancer treatment improve self-reported physical functioning, fatigue, anxiety, and depression, but it is unclear whether these interventions improve important clinical outcomes, such as chemotherapy relative dose intensity. The National Cancer Institute funded the Exercise and Nutrition to Improve Cancer Treatment-Related Outcomes (ENICTO) Consortium to address this knowledge gap. This article describes the mechanisms hypothesized to underpin intervention effects on clinically relevant treatment outcomes, briefly outlines each project's distinct research aims, summarizes the scope and organizational structure of ENICTO, and provides an overview of the integrated common data elements used to pursue research questions collectively. In addition, the article includes a description of consortium-wide activities and broader research community opportunities for collaborative research. Findings from the ENICTO Consortium have the potential to accelerate a paradigm shift in oncology care such that patients with cancer could receive exercise and nutrition programming as the standard of care in tandem with chemotherapy to improve relative dose intensity for a curative outcome.

Wahlqvist ML, Wattanapenpaiboon N, Shuai M, Liu HY, Zhong L, Zheng JS. Quantum food and nutrition: Subatomic approaches to nourishment for health and well-being. *Asia Pac J Clin Nutr.* 2025 Feb;34(1):1-9. doi: 10.6133/apjcn.202502_34(1).0001. PMID: 39828254; PMCID: PMC11742606.

Nutrition science has been represented as biomedical, environmental, societal and economic field, but quantum biology is sidestepped, thereby obscuring cognate problems and solutions. We are generally nourished for health, optimal well-being, longevity and personal security through sustainable livelihoods. Our nourishments include not only food and energy but also light from the sun, the firmament and the earth itself, along with information transmitted in subatomic particles and electromagnetic wave forms. We propose 'quantum nutrition' as an approach to reconcile quantum phenomena with nutritional biology. Appreciating quantum nutrition and recognizing its potential applications will provide opportunities for future health and well-being and for planetary habitability.



Regulation Report

Chantel Ryan | Chair, Regulatory Committee

ATMS Makes Joint Submission on NDIS Reforms

In December, ATMS, alongside Massage & Myotherapy Australia (MMA) and the Australian Natural Therapists Association (ANTA), lodged a joint submission opposing changes to the NDIS Supports Rules, which exclude remedial massage and myotherapy. The submission highlights strong evidence supporting the role of qualified remedial massage therapists and myotherapists in meeting NDIS objectives effectively. While we acknowledge the need to address cost concerns and system misuse, we argue that these changes are excessive and unnecessary.

The joint media release is available [here](https://www.massagemyotherapy.com.au/ccms.r?Pageid=53&tenid=AAMT&DispMode=goto|46783&Return=pageTop|11|46791) (https://www.massagemyotherapy.com.au/ccms.r?Pageid=53&tenid=AAMT&DispMode=goto|46783&Return=pageTop|11|46791).

ATMS Responds to ABC's ArmaForce Adverse Reactions Report

Following the ABC's report on adverse reactions to ArmaForce, particularly liver-related effects linked to *Andrographis paniculata*, ATMS issued a public response. We recognise that while herbal products offer benefits, they are not without risks. ATMS encourages consumers to consult qualified health practitioners, ensuring safe and informed use of herbal remedies.

The full release can be viewed [here](https://www.atms.com.au/the-australian-traditional-medicine-society-responds-to-armaforce-adverse-reactions-report/) (https://www.atms.com.au/the-australian-traditional-medicine-society-responds-to-armaforce-adverse-reactions-report/)

ATMS Supports Court Decision on Patient Rights

ATMS welcomed the recent court ruling allowing Dr William Bay to resume medical practice, viewing it as a victory for patient autonomy and informed consent. We reaffirmed our commitment to pro-choice healthcare, advocating for individuals' right to make informed decisions about their health.

The full release can be viewed [here](https://www.atms.com.au/australian-traditional-medicine-society-supports-court-decision-upholding-patient-rights-and-procedural-fairness/) (https://www.atms.com.au/australian-traditional-medicine-society-supports-court-decision-upholding-patient-rights-and-procedural-fairness/)

ATMS Responds to ABC Report on Vitamin B6 Risks

ATMS acknowledged concerns raised in the ABC 7:30 report regarding Vitamin B6 and potential peripheral neuropathy. Consumer safety remains our priority, and we advise individuals to read labels carefully and seek guidance from qualified health professionals to ensure safe use of nutritional and herbal supplements.

Read the press release [here](https://www.atms.com.au/the-australian-traditional-medicine-society-responds-to-the-abc-730-report-on-vitamin-b6/) (https://www.atms.com.au/the-australian-traditional-medicine-society-responds-to-the-abc-730-report-on-vitamin-b6/)



PROVIDER TERMS AND CONDITIONS ARE LOCATED ON OUR 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.**

Recepting 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.





Health Fund	Acupuncture	Chinese Herbal Medicine	Counselling	Hypnotherapy	Myotherapy	Nutrition	Remedial Massage (Certificate IV)	Remedial Massage (HLT Diploma or higher level qualification)	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 Cessnock DHB)	✓	✓			✓		✓	✓	•
Latrobe Health Services	✓				✓		✓	✓	•
MDHF (Midura 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	✓	✓			✓		✓	✓	•
Doctors Health Fund									
Australian Unity	✓	✓		✓	✓		✓	✓	
BUPA	✓	✓					✓	✓	✓
CBHS 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. A TMS 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.



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:

- **McEwen, B. Preventive natural medicine: An introduction**
- **Nguyen, E. Informed consent for the vegan patient**
- **Dwyer L. Comprehensive herbal solutions for supporting the menopausal transition**

- **Walker B. Good stretch bad stretch. Is stretching dangerous?**
- **Medhurst R. More research in homeopathy**
- **Galeotti R. Time for a rebrand – plantar fasciitis or heel pain**
- **Pagura I. A case of gross professional negligence**

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.



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ATMS SPECIAL EVENT

Healthy Brain Symposium

With depression and dementia on the rise, ATMS invites practitioners to a Special Event on Saturday 30 August 2025 – the Healthy Brain Symposium – which will focus on addressing these health concerns.

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SATURDAY, 30 AUGUST 2025

WHY ATTEND?

Discover how to support brain health in a world where metabolism has changed, lymphatic function is compromised, and there is an increasing toxic load from the environment.

Learn about the factors impacting cognitive decline.

Explore strategies for preventing and managing sleep and mood disorders, dementia, and other cognitive concerns.

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