An open learning programme for pharmacists

Compendium of common complementary therapies

Educational solutions for the NHS pharmacy workforce
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Acupuncture

Acupuncture involves the insertion of fine needles into the skin and underlying tissues at special sites, known as acupuncture points. The points selected depend on the practitioner’s background and training, but the fundamental philosophy is *qi*, which roughly translated means energy. It is believed that energy circulates round the body along various pathways, including 12 meridians or channels. More than 350 acupuncture points have been defined on these meridians, while others lie outside these pathways. Illness is associated with disturbances in energy flow and treatment is aimed at restoring balance. Acupuncture theory holds that the body can correct its own energy flow and balance by inserting needles or applying pressure to the points. No evidence has been found to confirm the existence of meridians, but it is possible that the acupuncture points are sites where nerves can be stimulated and acupuncture can be understood in terms of stimulating the nervous or musculoskeletal systems.

Common uses

Acupuncture is used to treat pain, especially headaches, osteoarthritis and other musculoskeletal conditions, stress, ear, nose and throat conditions, addictions and allergies, as well as for preventing illness and maintaining health.

Evidence

Current evidence from systematic reviews suggests that acupuncture is superior to placebo for:

- dental pain; chemotherapy-induced nausea and vomiting; early post-operative nausea and vomiting in adults.

Evidence is inconclusive or conflicting for:

- migraine and tension headache; back pain and neck pain; osteoarthritis; asthma; recovery from stroke.

Present evidence suggests that acupuncture is no better than placebo for:

- smoking cessation; weight reduction.

Safety issues

Mild adverse effects are quite common. Drowsiness may occur as can bleeding or bruising as a result of the needles. Serious adverse effects, such as pneumothorax, are rare.

Acupuncture should not be used in patients with severe bleeding disorders, those at risk of bacteraemia or fitted with a cardiac pacemaker. Pregnancy is often regarded as a contraindication except for the treatment of nausea.

Practitioners

Doctors can train in acupuncture and become members of the British Medical Acupuncture Society (BMAS). A basic course of 24 hours’ duration allows a doctor to obtain a Certificate of Basic Competence (COBC), and full accreditation status can be achieved with further training, which leads to the Diploma of Medical Acupuncture. The BMAS publishes a list of doctors who have the Diploma.
Some physiotherapists are qualified in acupuncture. A register of physiotherapist acupuncture practitioners is available from the Acupuncture Association of Chartered Physiotherapists (AACP).

Acupuncture Association of Chartered Physiotherapists Secretariat
Mere Complementary Practice
Castle Street
Mere
Wiltshire BA12 6JE
Tel: 01747 861151
Website: www.aacp.uk.com
Email: Admin@aacp.uk.com

Most acupuncturists are trained in health sciences but do not have a medical qualification. These are represented by the British Acupuncture Council (BAcC) and the British Register of Complementary Practitioners (Oriental Medicine Division).

The British Acupuncture Council sets its standards for education and training. Members carry the letters MBAcC after their name and have completed at least three years’ training in acupuncture and western medical studies appropriate to the practice of acupuncture. The BAcC publishes an annual register of practitioners (current price £3.50), or a list of practitioners in a particular area can be obtained free of charge.

The British Register of Complementary Practitioners recognises degree-level courses in both acupuncture and other disciplines within traditional Chinese medicine. It also encourages the study and practice of Chinese herbs, TuiNa and qigong that are traditionally taught with acupuncture. Members carry the letters BRCP (acupuncture, Chinese herbs, qigong and TuiNa). The BRCP produces a full listing of practitioners on the ICM website.

The British Acupuncture Council
63 Jeddo Road
London W12 9HQ
Website: www.acupuncture.org.uk

Institute for Complementary Medicine
PO Box 194
London SE16 7QZ
Tel: 020 7237 5165
Website: www.i-c-m.org.uk
Qualifications
AACP  Acupuncture Association of Chartered Physiotherapists
BAcC  British Acupuncture Council
BAAB  British Acupuncture Accreditation Board
BMAS  British Medical Acupuncture Society
COBC  Certificate of Basic Competence (with the BMAS)
Dip Med Ac  Diploma of Medical Acupuncture (full accreditation with the BMAS)
MBAcC  Member of the British Acupuncture Council
BRCP (Acupuncture)  British Register of Complementary Practitioners
BRCP (Traditional Chinese Medicine – various disciplines)

Alexander technique
The Alexander technique is an educational process to improve postural habits and co-ordination to enable movement with maximum ease and minimum pain. It is based on the principle that every person functions as a whole, that good posture is the most efficient use of the skeleton and that the relationship of the head, neck and spine is vital for optimal function.

Common uses
Chronic pain (eg lower back pain, whiplash, migraine, osteoarthritis, repetitive strain injury), asthma, digestive disorders, stress.

Evidence
Controlled trials have reported improved respiratory function in healthy people, while an uncontrolled trial showed improvements in back pain, and an observational study demonstrated improvements in depression and movement in patients with Parkinson’s disease.

Safety issues
None known

Practitioners
The main umbrella organisation in the UK is the Society of Teachers of the Alexander Technique (STAT). It supervises training, maintains a register of teachers and upholds a code of ethics. Members use the letters MSTAT, have completed a three-year training course, observe a published code of professional conduct and hold professional indemnity cover.

Society of Teachers of the Alexander Technique (STAT)
1st Floor, Linton House
39-51 Highgate Road
London NW5 1RS
Tel: 020 7284 3338
Website: www.stat.org.uk

Qualifications
STAT  Society of Teachers of the Alexander Technique
MSTAT  Member of the Society of Teachers of the Alexander Technique
Anthroposophical medicine

Anthroposophical medicine forms part of Rudolph Steiner’s philosophy of anthroposophy. It embodies a holistic approach to health and medicine, which integrates conventional approaches with complementary therapies and an exploration of inner feelings and the meaning of illness. It is based on the concept that there are four distinct aspects to the human being: the physical body, the etheric body (similar to qi in acupuncture), the astral body (the soul) and the ego (the human intelligent self). These four are interrelated and good health depends on a harmonious relationship between them, with an imbalance in one causing disturbances in the other three.

The aim of anthroposophical medicine is to stimulate the natural healing forces within the human being. Practitioners use various therapies such as massage, hydrotherapy, eurythmy (a movement therapy developed by Steiner), art therapies, special diets, anthroposophical medicines (made from plants, animals and minerals, prepared in a similar way to homoeopathic medicines) and conventional medicines.

Common uses

Anthroposophical medicine can be used to treat any illness.

Evidence

There has been little scientific research carried out to assess the effectiveness of anthroposophical medicine.

Safety issues

None known.

Practitioners

Practitioners are fully qualified doctors and a list of anthroposophical practitioners, a few of whom are NHS GPs, is available from the Anthroposophical Medical Association.

Anthroposophical Medical Association
Park Attwood Clinic
Trimpley
Bewdley DY12 1RE
Tel: 01299 861444

Aromatherapy

The use of aromatic plants seems to be as old as the world, as plants such as fennel, coriander seeds, cumin and many others are regularly found at the site of ancient burial grounds. The practice of using aromatic fumigations to uplift the spirit and help cure diseases has also been used by the world’s greatest civilisations throughout history. A modern-day description of aromatherapy is the controlled use of plant oils for therapeutic purposes. These plant oils are diluted in a carrier oil and applied directly to the skin through massage or compress. They can also be inhaled, added to a bath or with a vaporiser or diffuser, used to scent a room. The oils have effects at a psychological, physiological and cellular level, which can be relaxing or stimulating depending on the chemistry of the oil and the previous associations of...
the individual with a particular scent.

Three key phrases come to mind when assessing how aromatherapy could benefit someone:

- prevention of ill health
- support while unwell
- recovery once the crisis has passed.

Aromatherapy’s popular appeal with the general public is due to a large degree to its beneficial effects in improving health while giving a pleasant sense of wellbeing. The essential oils are also very easy to use in the home for everyday problems such as small cuts, common colds, muscle aches, etc.

**Common uses**

Musculoskeletal pain, and stress-related problems, such as anxiety, insomnia and headaches, poor digestion, skin problems, poor sleep patterns.

**Evidence**

There is some evidence that aromatherapy massage reduces anxiety.

**Safety issues**

Adverse effects include allergic reactions, photosensitivity, headache and nausea. Contraindications include pregnancy, varicose veins, local venous thrombosis, recent surgery, epilepsy, broken skin. Essential oils should not be taken orally or used undiluted on the skin.

Many essential oils are believed to have the potential to enhance or inhibit the effects of medicines such as antibiotics, antihistamines, anticonvulsants, anticoagulants barbiturates, morphine, quinidine and tranquillisers. Some homoeopaths believe that essential oils antagonise homoeopathic remedies.

**Quality issues**

Essential oils are available from a wide variety of outlets, including pharmacies.

For optimum benefit essential oils must be extracted from natural raw ingredients and remain as pure as possible. There is no regulation at present regarding labelling, warnings or instructions for usage. It is therefore important to obtain supplies from reputable manufacturers as quality can vary, with some oils being diluted and some produced synthetically.

The Aromatherapy Trades Council (ATC) represents about three quarters of suppliers of essential oils and aims to maintain high standards among its members to ensure high quality products. It has drawn up definitions, used by trading standards authorities, of essential oils (ie aromatic volatile substances extracted by distillation) and aromatherapy oils (ie an essential oil mixed with a carrier oil). However, there is no definition of an aromatherapy product and there are many cosmetic aromatherapy products, which contain only a tiny amount of essential oil.
For a list of approved essential oil suppliers contact:

Aromatherapy Trade Council
PO Box 387
Ipswich
Suffolk IP2 9AN
Tél: 01473 603630
Website: www.a-t-c.org.uk

Practitioners

There are a large number of training organisations that can be divided in status and training between beauticians and practitioners.

There is an attempt to develop national standards under the Aromatherapy Regulation Working Group (ARWG) which is developing a national registration system.

The AOC has also set up a national register of aromatherapists. The AOC is not a governing body, but a free association with many member bodies.

Aromatherapy Organisations Council
PO Box 19834
London SE25 6WF
Tél: 020 8251 7912; 0870 774377
Website: www.aocuk.net

The Aromatherapy Regulation Working Group (ARWG)
PO Box 6522
Desborough
Kettering NN14 2YX
Website: www.aromatherapy-regulation.org.uk

International Federation of Aromatherapists (IFA)
182 Chiswick High Road
London W4 1PP
Tél: 020 8742 2605

British Register of Complementary Practitioners (Aromatherapy)
PO Box 194
London SE16 7QZ
Tél: 020 7237 5165
Website: www.i-c-m.org.uk
Email: info@i-c-m.org.uk

Qualifications

AOC Aromatherapy Organisations Council. This is an umbrella organisation. Contact them for a list of approved member organisations, most of which are listed below (although the AOC are beginning to register aromatherapists it is not a complete list as their member organisations are also still holding separate registers of aromatherapists recognised by the AOC, but who wish to wait until the structure for a single register has been agreed. This will be the case for the next few years so the following qualifications are still valid):
Ayurveda is one of the oldest systems of healthcare in the world. It has been practised in India for thousands of years and a similar system, known as Unani, is practised in Pakistan. Ayurveda comes from two Sanskrit words, *ayur* meaning life and *veda* meaning knowledge. Ayurvedic medicine is a holistic healthcare system. Disease is considered to be the result of an imbalance in a person’s constitution, and various therapies, such as nutrition, detoxification, exercise, complex herbal medicines, yoga and surgical techniques may be used to restore balance and hence treat the disease.

Each person is considered to have a unique constitution, which is made up of various elements. The elements considered important for healthy life are:

1. The three doshas (types of energy), which reflect differences between people and govern health on both a physical and mental level. These are *vata*, which relates...
mainly to the nervous system and the body’s energy, *pitta*, which relates to metabolism and digestion, and *kapha*, which relates to the mucous membranes, and lymphatics, being the energy of lubrication. We will all be made up of a combination of two or three types of dosha, although we may tend to be predominantly one.

2. The tissues (*dhatus*); imbalance in the doshas also causes imbalance in the seven body tissues: plasma (*ras*), blood (*rakata* or *raktha*), muscles (*mansa*), bone and cartilage (*asthi*), bone marrow and nerves (*majja*), fat (*medas* or *madas*), the sex hormones and immune system (*shukra*). The dhatus support and derive energy from each other, so when one is affected the others also suffer.

3. Malas; which represents the effective elimination of waste products; these are sweat (*svet*), faeces (*poorish*), and urine (*mutra*).

4. The seven physical constitutions (*prakriti* or *prakruti*). These are determined at conception and depend on the combination of doshas. For example, someone with a vata prakriti would be slim with protruding teeth and thin gums, while a kapha prakriti would be heavy with healthy gums.

5. The three temperaments (*guras*). These are *sateas* (pure behaviour, compassionate, loving), *rajas* (interested in power, prosperity and prestige) and *tamas* (lazy, selfish, ignorant).

6. The biological fire (*agni*) which sustains vitality and maintains the health of the immune system.

All these elements must be in balance, and dysfunction or disharmony in the system may lead to disease. Treatment will depend on both the person’s constitution and where the imbalance lies. Ayurvedic practitioners work to restore individuals to their ‘prakruti’ state.

Ayurvedic medicines are either herbal or mineral products. Most of those used in the UK are herbal products, which are legally imported by government-licensed producers in India. Ayurvedic preparations go through a long manufacturing process (some preparations take up to a year to produce), and are made in the form of tablets, liquids, powders or paste. Practitioners may also prescribe raw or powdered herbs from which patients make a decoction each day. The type and dose of medicine prescribed are influenced by the person’s constitution as well as by the nature of the disease. Other factors such as age, digestive capacity, strength and psychological statement play a role in determining treatment.

**Common uses**

Ayurvedic medicine is used to treat disorders of the gastrointestinal system, disorders of the nervous system and symptoms such as headaches, tension and anxiety, injuries and blood sugar problems. But it does not seek to offer cures for cancer, AIDS and some conditions that require surgery.

**Evidence**

There is limited scientific evidence for the effectiveness of Ayurvedic herbal medicine. In general, very few trials have compared herbal medicines with conventional medicines.
Safety issues
Ayurvedic medicines may contain heavy metals (eg arsenic, mercury and lead) or other adulterants (eg corticosteroids), either by accident or design. There are also potential toxicity problems with various herbs. Khat (which is used to treat depression) is a leaf, which is chewed, smoked or drunk and there is some concern that it can cause psychological problems and cancer of the mouth. Betel, which is used for its digestive properties, may be carcinogenic.

There is a risk of interactions between western and Ayurvedic medicines (for example Karela has hypoglycaemic activity). Betel, which is used for its digestive properties, may interact with other medicines. However, it can be difficult to identify ingredients in traditional medicines; the nomenclature can be difficult to understand, there may be no correct generic names on the label, and some ingredients and adulterants may not be declared at all.

Practitioners
Anyone wanting to try Ayurvedic medicine should be encouraged to see a qualified practitioner who is registered with the Ayurvedic Medical Association. Most practitioners will have five to six years’ training in universities in India or Pakistan. All will be covered by professional indemnity and public liability insurance and will practise according to a strict code of ethics. Both the Ayurvedic Medical Association and the British Ayurvedic Council have lists of qualified practitioners, of whom there are about 40 in the UK.

The Ayurvedic Medical Association
59 Dulverton Road
South Croydon CR2 8PJ
Tel: 020 8657 6147
Email: drmoothy@amservce.com

British Ayurvedic Medical Council
47 Nottingham Place
London W1M 3FE
Tel: 020 7224 6070

British Register of Complementary Practitioners (Indian Medicine Division)
PO Box 194
London SE16 7QZ
Tel: 020 7237 5165
Website: www.i-c-m.org.uk
Email: info@i-c-m.org.uk

Qualifications
BRCP (Indian Medicine Division)
British Register of Complementary Practitioners

Resources

Books
A good introduction to Ayurvedic and other traditional medicine.
**Chiropractic**

Chiropractic is based on the premise that the nervous system is the most important determinant of health and that dysfunction of the spine and pelvis can disturb nerve function, which may in turn lead to pain and in some cases, ill health. Treatment consists of various specific manipulation adjustments, including spinal manipulation and spinal mobilisation. Spinal manipulation entails high velocity, low amplitude manual thrusts to spinal joints to extend beyond their normal passive range of motion. Spinal mobilisation is the application of manual force to such joints without thrust and within the normal passive range of motion. A newer treatment (especially for back and neck pain) is active rehabilitation, which is based around fitness and endurance regimens that are tailored to the patient’s abilities.

**Common uses**

Musculoskeletal problems, including back pain, neck pain, migraine, headaches, irritable bowel syndrome, asthma and cardiovascular problems.

**Evidence**

There is some evidence (albeit inconclusive) that chiropractic has moderate benefits in acute and chronic low back pain. Guidelines produced by the Royal College of General Practitioners recommend considering the use of manipulative treatment (including chiropractic) in cases of simple back pain when pain relief is inadequate or the patient has difficulty returning to normal activities. The role of chiropractic in neck pain has been less studied, but there is some evidence of the value of both mobilisation and manipulation. Evidence for benefit in migraine is encouraging but inconclusive. Many other conditions have been assessed by clinical studies but their quality has been poor.

**Safety issues**

Serious adverse effects are rare. They include arterial dissection and stroke (with upper spinal manipulation) and cauda equina syndrome (with lower spinal manipulation). (Cauda equina syndrome is a lesion of the cauda equina [the collection of spinal roots that descend from the lower part of the spinal cord and occupy the vertebral canal below the cord; their appearance resembles the tail of a horse] caused by a protrusion of the central disc. It leads to weakness of the lower limbs, urinary retention and impotence.)

Mild adverse effects include local discomfort. Patients taking anticoagulants are at an increased risk of cerebrovascular accidents.

Chiropractic should not be used in patients with advanced osteoporosis, bleeding abnormalities, malignant or inflammatory spinal disease and in those on anticoagulants.

**Practitioners**

Chiropractic is now a statutory regulated profession and all practitioners have to be registered with the General Chiropractic Council (GCC). The register is updated regularly and details are available from the GCC. The GCC is a statutory body responsible for protecting patients by regulating the practice of chiropractic in the UK as well as setting standards of education, practice and conduct for chiropractors.
UK chiropractors have a BSc (Hons) degree. This is a four-year course, which can lead to a postgraduate diploma in chiropractic after the fifth year. Chiropractors are trained to a high standard in the use of manipulative treatment and other supportive measures, as well as in diagnosis for the exclusion of underlying disease, including the use of radiology.

**General Chiropractic Council**
344-354 Gray’s Inn Road
London WC1X 8BP
Tel: 020 7713 5155.
Website: www.gcc-uk.org
Email: enquiries@gcc-uk.org

**British Chiropractic Association**
Blagrave House
17 Blagrave Street
Reading
Berks RG1 1QB
Tel: 0118 950 5950

**Qualifications**
GCC General Chiropractic Council

**Colonic hydrotherapy**
Colonic hydrotherapy (colonic irrigation, lavage) involves the introduction of water into the colon to flush it out, sometimes with coffee, herbs or enzymes added. The difference between an enema and colonic hydrotherapy is that with the former the tube is inserted not far up the colon and water is retained in the bowel and expelled into the toilet. With the latter, more fluid is used, which washes the whole colon. The philosophy behind colonic hydrotherapy is that the western diet causes a build up of unhealthy residues in the colon, leading to proliferation of toxins and constipation.

**Common uses**
Constipation, diarrhoea, gastrointestinal disorders, removal of ‘toxins’ in a wide range of allergies and addictions. Occasional but regular colonic irrigation is said to prevent headaches, clear the skin, help to alleviate irritable bowel syndrome, chronic fatigue syndrome and depression.

**Evidence**
There is little evidence to support the use of colonic irrigation.

**Safety issues**
Infections, perforations, electrolyte imbalance and deaths have been reported.

**Practitioners**
Anyone who wishes to try colonic hydrotherapy should consult a practitioner registered with the Association and Register of Colon Hydrotherapists. To remain a member of the Association, the therapist is required to attend a two-day seminar every year and have his or her premises inspected annually.

The philosophy behind colonic hydrotherapy is that the western diet causes a build up of unhealthy residues in the colon.
Crystal therapy

Crystal therapy (crystal healing, gem therapy) is the use of crystals, individually selected for their wavelength, to influence the body’s ‘energy field’ to bring about healing and harmony. Crystals such as amethyst and rose quartz are particularly thought to possess healing energy, which they can store and release rather like a battery. Practitioners claim that crystals do not actually heal a person, but rather act as a focus to help people heal themselves.

Common uses

Crystal therapists do not claim to treat specific conditions, saying they take a holistic approach and that crystal healing creates general good health and wellbeing.

Evidence

There is no scientific evidence that crystals have healing properties, although anecdotally some people report that such therapy makes them feel better.

Safety issues

None known.

Practitioners

The Affiliation of Crystal Healing Organisations was set up in 1988 to act as a representative body for 12 crystal healing organisations. All the registered practitioners undergo a minimum of two years’ part-time training, are insured and are obliged to adhere to a code of conduct.

Affiliation of Crystal Healing Organisations

PO Box 100
Exminster
Exeter EX6 8YT
Tel: 01479 841450
Website: www.crystal-healing.org

British Register of Complementary Practitioners (Healer Counselling Division)

PO Box 194
London SE16 7QZ
Tel: 020 7237 5165
Website: www.i-c-m.org.uk
Email: info@i-c-m.org.uk

Practitioners claim that crystals do not actually heal a person, but rather act as a focus to help people heal themselves.
Flower remedies

Flower remedies (flower essences) are specially prepared plant infusions that are used to balance physical and emotional disturbances. Originally devised in the 1930s by Dr Edward Bach, flower remedies are thought to lift the mood and by so doing, improve health. There are several different ranges of flower remedies; in the UK the Bach variety is the most widely used.

There are 38 Bach flower remedies divided into seven therapeutic groups according to the following emotions: depression, fear, lack of interest in the present, loneliness, over-concern for the welfare of others, oversensitivity and uncertainty. Bach associated each of these emotions with flowers to be used as remedies. Flower remedies are extracted from the flowers of wild plants, bushes and trees by soaking sun-exposed flower heads in spring water for a few hours or by boiling the more woody parts in water. The resulting extract is then preserved in brandy, diluted and taken internally. Prescribing of these remedies by specialised practitioners is highly individualised, and they are thought to ‘work’ through energy, not pharmacological action. Therapists believe the remedies contain the energy, or imprint, of the plant from which it was made, and provide the stimulus needed to kick-start your own healing mechanism. Others have followed in Dr Bach’s footsteps, most notably Ian White with Australian Bush Essences.

Common uses

Flower remedies are not targeted at specific medical conditions but at underlying emotional imbalances. Rescue Remedy™ (five flower remedy) is promoted as a first aid for emergency situations, particularly where mental symptoms are strong. The remedy is also used by veterinarians in the treatment of fright (e.g. due to fireworks).

Evidence

Very few controlled clinical trials exist and tend to be inconclusive and/or of poor quality. Two RCTs in students showed negative results and concluded that any effect was due to placebo. Nevertheless, many practitioners swear by them and there is anecdotal evidence that they work.

Safety issues

None known. They contain alcohol.

Practitioners

Individuals can buy their own flower remedies, but for those who wish to visit a practitioner, the Dr Edward Bach Centre keeps a list of around 1,000 therapists who have successfully completed its course and signed the Bach Foundation’s code of ethics and practice.

Dr Edward Bach Centre
Mount Vernon
Sotwell
Wallington OX10 0PZ
Tel: 01491 834678
Website: www.bachcentre.com
British Register of Complementary Practitioners (Energy Medicine Division)
PO Box 194
London SE16 6QZ
Website: www.i-c-m.org.uk
Email: info@i-c-m.org.uk

Resources

Books

This book provides the perspective of Bach (the developer of the Bach Flower Essences) on how the health of the soul is essential to the health of the body and how various aspects of life can be harmonised.


This guide lists traditional Bach flower remedies together with another 700 that have been developed since the 1980s. These include Australian, North American and British flower essences and others.


This book applies the study of flower essences to the plants of Australia.

Healing

Healing has always been considered as an integral part of many religions, but it is more and more recognised as a therapy outside of religion. Healing is the channelling of universal energy to a patient by thought processes to bring about an overall state of energy balance and harmonisation on all levels, thus stimulating the body’s natural defence system to deal with disease. Healers believe that they are a channel for the healing energy to flow through to the person who needs it. Some healers believe that healing comes from a divine source or God, some say that it is a natural energy within nature. The purpose of healing – a holistic approach – is to restore balance of mind, body and spirit. Healing is complementary to conventional medicine and as healing becomes more widely accepted so more doctors refer patients to healers.

Reiki is a form of healing that has become very popular over the past ten years. The word Reiki is a combination of Japanese words, ‘rei’ meaning universal and ‘ki’ meaning life-force energy. It uses the laying on of hands type of healing and distance healing. Practitioners are initiated in Reiki healing and then can draw on so-called Reiki energy during a treatment, which they channel into an area of need in themselves and their patients.
Common uses

Healing is not about curing, but rather helps to improve the quality of life, allowing the patient to play a part in the healing process. Physical pain and emotional conditions are the most commonly treated problems. In addition, if the patient is approaching death, a healer can help support the patient in the dying process so that he or she is able to die with dignity and peace.

Evidence

Healing is not an easy therapy to quantify but healers claim that healing can help with most health problems, transforming the attitude of the patient towards the illness, enabling them to accept it in a more positive and creative way. Anecdotally, people often feel relaxed and at peace after a healing session and it has been reported to help with the speed and extent of recovery from illness, surgery and treatment such as chemotherapy and radiotherapy. There is no conclusive evidence that healing works but two systematic reviews (one including 23 RCTs, the other 22) found that about half the trials had positive results.

Safety issues

Generally, healing is safe. Occasionally, the patient feels worse before improving, but this is believed to be an important part of the healing process. Healing should be used with caution in people with psychiatric illness.

Practitioners

There is no mandatory training for healers in the UK, although there is some voluntary self-regulation. The Confederation of Healing Organisations (CHO) is an umbrella organisation, which represents over 12,000 insured healers. Its aim is to establish healing as a standard therapy for the NHS as well as private medicine. There are 16 member organisations whose individual members have a minimum of two years’ training. They have professional indemnity and public liability insurance and are expected to follow a code of ethics. For advice on finding a healer it is best to contact either the CHO or the National Federation of Spiritual Healers (NFSH), which is the largest of the CMO’s member associations.

Confederation of Healing Organisations
27 Montefiore Court,
Stamford Hill
London N16 5TY
Tel: 020 8800 3569

National Federation of Spiritual Healers
Old Manor Farm Studio
Church Street
Sunbury-on-Thames
Middlesex TW16 6RG
Tel: 0845 123 2777
Website: www.nfsh.org.uk
Resources

Books


This book introduces the history of healing, and provides an explanation of a comprehensive method of healing. A number of exercises are offered to enable the reader to awaken their healing powers and include: how to sense etheric around others; sensing hand energies; energising working and living spaces; locating the chakras; sensing the energy of animals and plants; protection of the healer; the energy field of pregnancy; working with the terminally ill; and distance healing.


This is a scientist’s look at the field of bioenergetic healing, offering specific techniques towards expanding perceptual tools of healing, seeing auras, understanding psychodynamics and the human energy field, and spiritual healing. Trained as a physicist and psychotherapist, Brennan has spent 15 years studying the human energy field and working as a healer.


A comprehensive guide to the practice of advanced Reiki techniques for the beginner and more experienced Reiki practitioner, and for the client who wants to know more.

Herbal medicine

Herbal medicine (herbalism, medical herbalism, phytomedicine, phytotherapy) is the treatment of disease using the healing properties of plants. Plants have been used for their medicinal properties since human beings began to walk the earth, and a large proportion of the world’s population use herbal remedies rather than pharmaceuticals when they are ill, most often because they cannot afford modern medicines. Moreover, there is increasing interest in herbal medicines amongst people living in wealthier countries because of a belief that they are safer than conventional drugs.

Modern western herbalism is practised in many European countries but the approach differs from one country to another. For example, in Germany it is more aligned to, and even a part of, conventional medicine and different to herbalism in the UK. However, modern western herbalism should be distinguished from more traditional systems, including Chinese herbal medicine, Ayurveda (the traditional medical system of India, which frequently uses herbal mixtures) and kampo (the system of herbal medicine used in Japan). Characteristic of these systems is the high degree of individualisation of treatment and the use of complex mixtures of different herbs. In addition, the diagnostic principles used differ considerably from mainstream medicine, with less emphasis on conventional disease categories and...
modern diagnostic techniques. Modern western herbalism follows the diagnostic principles of conventional medicine.

Whole plants, parts of plants or extracts are used. Herbal extracts contain plant material with pharmacologically active constituents. There may be one, or more often, a complex mixture of compounds, which produce a combined effect. Known active constituents or marker substances may be used to standardise preparations.

Common uses
Herbal medicines are used to treat a wide range of conditions, including anxiety, depression, menopausal symptoms, peripheral arterial disease, migraine, osteoarthritis and benign prostatic hyperplasia.

Evidence
There is good clinical evidence for the effectiveness of a number of herbal medicines (eg saw palmetto for benign prostatic hyperplasia, St John’s wort for depression and ginkgo for intermittent claudication). There is limited scientific evidence for the effectiveness of Chinese herbal medicines (eg for the treatment of eczema) and for Ayurvedic herbal medicines. In general, very few trials have compared herbal medicines with conventional medicines.

Safety issues
Plant extracts may have powerful pharmacological constituents and the risk of adverse effects is therefore greater than with many other complementary therapies. Contraindications, precautions, warnings and interactions vary for each individual herbal preparation, but herbal medicines should not generally be used during pregnancy and lactation.

Quality issues
Herbal preparations are available from a wide variety of outlets, including pharmacies. The amount of active constituent may vary and depends on factors such as geographical area of growth, type of soil, time of harvest, extraction procedures, time of storage and so on. Products may be adulterated or contaminated with other plant material or plants may be misidentified. It is difficult to identify which are high quality products (unless they are licensed, ie with PL number), but those made by reputable manufacturers are the most likely to be reliable.

European Agency for the Evaluation of Medical Products (EMEA)
This site carries updates on quality issues in relation to herbal medicines.
http://www.emea.eu.int/

Herbal Safety News
This site is provided by the MHRA, which gives up-to-date safety information on herbal medicines. It covers issues such as interactions between herbal remedies and medicines, toxicity of individual ingredients, contamination of herbal remedies and poor quality control. http://www.mhra.gov.uk/home/idcplg?IdcService=SS_GET_PAGE&nodeId=96
Practitioners

Many people buy their own herbal remedies, but for those wishing to try a qualified western herbalist, the relevant body is the National Institute of Medical Herbalists (NIMH). Members must complete the equivalent of four years’ full-time training, with at least 500 hours of supervised clinical practice, and some train to degree level. They are fully insured and have to abide by a specific code of ethics.

National Institute of Medical Herbalists
56 Longbrook Street
Exeter EX4 6AH
Tel: 01392 426022
Website: www.nimh.org.uk

British Register of Complementary Practitioners (Herbal Medicine Division)
PO Box 194
London SE1 67QZ
Tel: 020 7237 5165
Website: www.i-c-m.org.uk
Email: info@i-c-m.org.uk

Qualifications

NIMH National Institute of Medical Herbalists
RCHM Register of Chinese Herbal Medicine
EHPA European Herbal Practitioners’ Association
BRCP (Herbal Medicine Division)
British Register of Complementary Practitioners

Training courses

Middlesex University
Four-year full-time or six-year part-time degree in herbal medicine (phytotherapy)

Contact:
Middlesex University
Queensway
Enfield
Middlesex EN3 4SF
Website: http://www.mdx.ac.uk

The National Institute of Medical Herbalism
Programme in Medical Herbalism (to train to be a practitioner)

Contact:
The National Institute of Medical Herbalism
56 Longbrook Street
Exeter
Devon EX4 6AH
Resources

Books

Developed by the American Botanical Council, this book is the leading government-sanctioned authority on herbs. It contains monographs on over 300 herbs and herb combinations with uses, contraindications, side-effects, dosage, drug interactions and other therapeutic information.

This book is a follow-on from The Complete German Commission E Monographs and contains 135 monographs on the herbs most commonly in use.


Websites
American Botanical Council
http://www.herbalgram.org

British Herbal Medicine Association (BHMA)
http://www.escop.com/bhma/bhma/contact.htm

European Scientific Cooperative on Phytotherapy (ESCOP)
http://www.escop.com
Monographs can be ordered for a fee.

European Medicines Evaluation Agency (EMEA)
This site carries updates on quality issues in relation to herbal medicines.
http://www.emea.eu.int/

HerbMed
www.herbmed.org
Herbal database that provides hyperlinked access to scientific data underlying the use of herbs. Contains 125 evidence-based reviews of herbal therapies.

IBIDS database
Run by the National Institutes of Health (NIH) and US Department of Agriculture’s Food and Nutrition Information Center, access is free for anyone. The database contains 419,000 journal citations and abstracts and covers herbal medicines and nutritional supplements. Some fact sheets on herbal medicines and supplements are available.
http://ods.od.nih.gov/Health_Information/IBIDS.aspx
Medline plus: Herbal Medicine
This is an extension of Medline, which provides information on herbal medicines. A US site, it includes the latest news, an introductory guide to the use of herbal products, information on specific conditions and the latest research.

Pharmacists’ Letter/Prescribers’ Letter
Comprehensive, fully referenced monographs on herbal medicines and dietary supplements with extensive information on every aspect, including interactions with drugs, with other herbs and with foods. Access is by subscription.

Homoeopathy
Homoeopathy is a safe and effective form of medicine which treats the individual rather than just the disease. It recognises that physical, mental and emotional symptoms of disease are the body’s way of expressing internal disharmony. Homoeopathy seeks to assist the body’s own healing process to cure the cause of the disease rather than suppressing or palliating the symptoms.

Homoeopathy is a therapeutic system using very low dose preparations selected according to the principle that like should be cured with like. In other words, substances used to treat the condition produce in a healthy person the same symptoms and clinical signs experienced by the ill person. For example, the homoeopathic remedy *Allium cepa* is derived from the common onion. Onions typically cause lacrimation, clear nasal discharge and irritation of the eyes and nose and *Allium cepa* may be prescribed to patients with hay fever, particularly if both the nose and eyes are affected.

A further assumption in homoeopathy is that homoeopathic remedies become therapeutically stronger rather than weaker when submitted to potentisation; a process that involves stepwise dilution combined with succussion (vigorous shaking of the mixture). The remedies are believed to be clinically effective even if they are so dilute that they are unlikely to contain a single molecule of the substance.

In summary the principles are as follows:

1) Law of similars (like cures like).

2) The law of cure or direction of cure: (Hering’s Law)
   Symptoms will go
   A) in the reverse order of their appearance
   B) from more to less important organs
   C) from within outwards
   D) from above downwards.

Homoeopathic remedies are made from plants, metals, chemicals, zoological material, etc and are available in different potencies (dilutions). The remedies are made by taking the original substance then diluting and succussing it a certain number of times. When you see the potency 6c (or sometimes just ‘6’) it means that the substance was diluted 1:100, for 6 times; 6x (or D6) means it was diluted 1:10, for 6 times.
Common uses
Homoeopathy is used to treat a wide range of acute and chronic physical and emotional illness. Homoeopaths do not usually use conventional disease categories and often treat people with benign, chronic conditions. Where a condition is beyond the scope of the body’s normal self-repair mechanism, treatment is less likely to be curative, but may be palliative.

Evidence
There is some evidence for the overall effectiveness of homoeopathy. Specific conditions where there is moderate evidence for effectiveness are those with an allergic component (eg asthma, hayfever, rhinitis) and also influenza.

Safety issues
There may be an initial exacerbation of symptoms for a short period of time (which gives the homoeopath a positive sign that they have given the correct remedy). A homoeopathic remedy should be stopped once the original symptoms are gone or if they change to such a degree that the remedy no longer covers them. If a remedy is continued when it is no longer indicated for the particular symptoms then new symptoms will be produced (homoeopaths call this a ‘proving’) until the remedy is stopped, at which point the new symptoms will disappear causing no long-term effects. (This information is particularly relevant if remedies are sold OTC without the patient seeing a practitioner, as the patient will not necessarily know when to stop taking the remedy.)

Homoeopathic remedies can be used in life-threatening conditions, but ideally as a complementary therapy following communication between the GP and the homoeopath. It is generally recommended that remedies should not be exposed to bright light or other radiation, although there is no firm evidence for this.

There are no drug interactions with conventional drugs, so homoeopathic treatment can safely be used alongside conventional treatment. A reduction in the need for conventional drugs is sometimes seen when homoeopathy is used as a complementary therapy, resulting in a quicker period of recovery. Some homoeopaths think that homoeopathic remedies do not usually work as effectively when used alongside steroids.

Strong essential oils (aromatherapy) can act as an antidote to homoeopathic remedies and it is believed by many homoeopaths that strong flavours, such as coffee and peppermint, can also antagonise their treatment.

Practitioners
There are two types of homoeopaths: medically qualified homoeopaths and non-medically qualified homoeopaths.

Medically qualified practitioners
Homoeopathy is unique in complementary medicine in having a Faculty of Homeopathy, established by Act of Parliament to train and register medically qualified doctors and vets. In recent years it has sought to include pharmacists and other health professionals on a voluntary basis. There are around 1,000 doctors in the UK who practise homoeopathy, usually alongside conventional medicine, of whom about 500 are registered with the Faculty. The qualification LFHom
(Licensed Associate of the Faculty of Homeopathy) indicates a doctor (or other health professional) who has passed the Primary Health Care Examination and has sufficient knowledge to use homoeopathy in a limited way for minor ailments; they are not in a position to provide a specialist homoeopathic opinion. Doctors with a more in-depth training have the qualification MFHom (Member of the Faculty of Homeopathy). Veterinary Surgeons have a VetMFHom designation. There are also a small number of highly experienced Fellows (FFHom).

Pharmacists may be admitted to the LFHom category following a part-time course of study over a year at a number of centres. In addition, the Faculty offers a more advanced Diploma in Homeopathic Pharmacy (two further years) with the designatory letters DFHom(Pharm). The Membership category will also be available to other health professionals, including pharmacists, in the foreseeable future.

The British Institute of Homeopathy (www.britinstathom.com) also offers a Diploma in Homeopathic Pharmacy. This course is accredited by the NPA.

The Faculty of Homeopathy has a network of advisors in the UK who offer advice to PCGs/Ts, health authorities and individuals on issues including advice on finding a practitioner. There is also a searchable database of practitioners on the website.

Faculty of Homeopathy and British Homeopathic Association
15 Clerkenwell Close
London EC1R 0AA
Tel: 020 7566 7800
Website: www.trusthomeopathy.org

Non-medically qualified practitioners

Currently, there is no single registering body for non-medically qualified homoeopaths. There are several organisations that register homoeopaths who have undertaken a satisfactory course of homoeopathic education and meet the standards laid down by the individual organisation. On 16th June 1997 JMORPH (Joint Meeting of Organisations registering Professional Homeopaths) was established to work together for a single register. Preparation of National Occupational Standards (NOS) for homoeopathy was undertaken by members of what became JMORPH and members of the Faculty of Homeopathics under the aegis of the Care Sector Consortium and subsequently Healthwork UK. These standards have been accepted by the Qualifications and Curriculum Authority (QCA) and the Scottish Qualifications Authority (SQA).

JMORPH developed into the Council of Organisations of Registering Homeopaths (CORH) which was established on 9th December 1999 “in the public interest, to represent the interests of those practitioners for whom homoeopathy is their primary therapeutic practice and who wish to be identified as homoeopaths” (from CORH’s constitution). Their remit is to:

- establish a single voluntary, self-regulating register of professional homoeopaths
- establish a common code of ethics
- establish criteria and procedures for the registration of homoeopaths to a single UK register
- establish an accreditation board to accredit homoeopathic education
- define, promote and continually evaluate the elements and standards of best homoeopathic practice.
The whole process should be completed by 2007, but in the meantime the following Member Organisations of CORH still have registers of qualified, insured homoeopaths:

**Alliance of Registered Homeopaths (ARH)**
26 Sunningdale Ave
Leigh-on-Sea
Essex SS9 1JZ
Tel: 08700 736339
Website: [www.a-r-h.org](http://www.a-r-h.org) (a list of fully trained, insured practitioners is available from this website.)
Email: Info@a-r-h.org

**British Register of Complementary Practitioners (Homeopathic Division)**
PO Box 194
London SE16 7QZ
Tel: 020 7237 5165
Website: [www.i-c-m.org.uk](http://www.i-c-m.org.uk)
Email: info@i-c-m.org.uk

**Complementary Medicine Association (CMA)**
The Meridian
142A Greenwich High Rd
London SE10 8NN
Tel: 020 8305 9571
Email: info@the-cma.org.uk

**Faculty of Homeopathy and British Homeopathic Association**
15 Clerkenwell Road
London EC1R 0AA
Tel: 020 7566 7800
Website: [www.trusthomeopathy.org](http://www.trusthomeopathy.org)
Email: info@trusthomeopathy.org/faculty

**Guild of Complementary Practitioners (GCP)**
Liddell house
Liddell Close
Finchampstead
Berks RG40 4NS
Tel: 01189 735757
Email: john@gcpnet.com

**Homeopathic Medical Association (HMA)**
6 Livingstone Rd
Gravesend
Kent DA12 5DZ
Tel: 01474 560336
Email: info@the-hma.org
International Register of Consultant Herbalists (IRCH)
32 King Edwards Rd
Swansea SA1 4LL
Email: office@irch.org

Society of Homeopaths (SoH)
4a Artizian Rd
Northampton NN1 4HU
Tel: 01604 621400
Website: www.homeopathy-soh.org
Email: info@homeopathy-soh.org

All the member organisations of CORH have to have clearly defined and approved registration criteria and procedures for registration of homoeopaths before they can be accepted as a member of CORH. A list of fully trained, insured practitioners can be found on the website www.a-r-h.org (Alliance of Homeopaths).

Qualifications
FFHom Fellow of the Faculty of Homeopathy
FSHom Fellow of the Society of Homeopaths
LFFHom Licensed Associate of the Faculty of Homeopathy
MFHom Member of the Faculty of Homeopathy
RSHom Registered with the Society of Homeopaths
FARH Fellow of the Alliance of Registered Homeopaths
FHMA Fellow of the Homeopathic Medical Association
MARH Member of the Alliance of Registered Homeopaths
MHMA Member of the Homeopathic Medical Association
BRCP (Homeopathy Division)
British Register of Complementary Practitioners

Training courses
British Institute of Homeopathy
Distance learning course leading to the Diploma in Homeopathic Pharmacy (DHPh). Pharmacy assistants can take a basic course leading to the Certificate in Basic Homeopathic Pharmacy. In addition, there is a distance learning course in Flower Remedies.

For a free prospectus write to:
The Senior Registrar
The British Institute of Homeopathy
Cygnet House
Market Square
Staines
Middlesex TW18 4RH.
Tel: 01784 440467/466251
Email: britinshom@compuserv.com
Academic Department (AdHom) and Faculty of Homeopathy in Scotland
Glasgow Homeopathic Hospital
1053 Great Western Road
Glasgow GL12 0XQ. Tel: 0141 337 1824
Website: www.adhom.org
Email: carolanderson@dial.pipex.com

Royal London Homeopathic Hospital
Accredited training programmes in homoeopathic pharmacy leading to LFHom (Licensed Associate of the Faculty of Homeopathy).

The Academic Unit Administrator
Royal London Homeopathic Hospital NHS Trust
Great Ormond Street
London WC1N 3HR. Tel: 020 7833 7223

Resources

Books
This is a relatively easy homoeopathic repertory for a beginner to use, but the language is somewhat old-fashioned.

This book provides pharmacists with the in-depth information they need to be able to dispense and counter-prescribe homoeopathic remedies.

This is probably the most widely used homoeopathic repertory.

Websites
Hom-Inform information service
http://hominform.soutron.com
Database created and maintained by the British Homeopathic Library. Contains 25,000 article and book references (not evaluated). Search service and document supply service also available.

Hypnotherapy
Hypnotherapy induces a trance-like state to facilitate the relaxation of the conscious mind with increased suggestibility and suspension of critical faculties. Once in a ‘trance’, patients are given therapeutic suggestions to encourage changes in behaviour or relief of symptoms. For example, in a treatment to stop smoking a hypnotherapist might suggest that the patient will no longer find smoking pleasurable or necessary. Hypnotherapy for a patient with arthritis might include a suggestion that the pain can be turned down like the volume of a radio.

During hypnotherapy patients are given therapeutic suggestions to encourage changes in behaviour or relief of symptoms.
Common uses
Anxiety, stress, pain, addictions, phobia and other psychosomatic conditions.

Evidence
There is evidence that hypnotherapy enhances the effects of cognitive-behavioural psychotherapy for conditions such as anxiety, pain, insomnia and obesity. There is limited evidence for the value of hypnotherapy in smoking cessation, but reasonable evidence for the use of hypnotherapy in preparation for surgery, asthma, skin conditions and irritable bowel syndrome, nausea and emesis in oncology.

Safety issues
Studies have concluded that when practised by a clinically trained professional, hypnotherapy is safe. However, the treatment may lead to recovery of repressed memories, which can be painful, and psychological problems can be exacerbated. Hypnotherapy should not be used in patients with psychosis, personality disorders, epilepsy, or in children under five years.

Practitioners
Anyone can set themselves up as a hypnotherapist, and there are thousands of therapists practising hypnosis in the UK. In addition, there is no single regulating body so it is difficult to identify reputable practitioners.

Many doctors, dentists and psychologists are trained as clinical hypnotherapists and the British Society of Medical and Dental Hypnosis has details of accredited individuals. To remain accredited the individual is expected to attend at least one advanced course in three years.

British Society of Medical and Dental Hypnosis
28 Dale Park Gardens
Cookridge
Leeds LS16 7PT
Tel: 07000 560309
Website: www.bsmdh.org

Most therapists are not medically qualified. However, in 1998 an umbrella organisation, the United Kingdom Confederation of Hypnotherapy Organisations (UKCHO), was established, with the aim of bringing together registering, accrediting and training organisations. The UKCHO is working to introduce a core curriculum and training standards throughout its training members. It also maintains a list of local practitioners.

The UK Confederation of Hypnotherapy Organisations
Suite 401
302 Regent Street
London W1R 6HH
Tel: 0116 212 0306
Iridology

Iridology is a diagnostic technique that involves studying the irises for abnormalities, such as characteristic markings and colour. It is based on the belief that each body region and organ is represented at one specific location in the iris, the right iris corresponding to organs on the right-hand side of the body and the left iris to those on the left side. Abnormalities in one given region of the iris are assumed to correspond to abnormalities in the respective organ.

Common uses

As a diagnostic tool for disease.

Evidence

This method has no scientific basis. There are no known neural connections between the iris and other organs of the body to explain iridology. A systematic review of four controlled trials found that the method is no more likely to diagnose a specific weakness than by chance.

Safety issues

The method is safe, but it is dangerous to rely solely on iridology for diagnosis.

Practitioners

This technique is unregulated and anyone can set themselves up as an iridologist. However, there are around 300 qualified iridologists in the UK, who are registered with one of two organisations that each has its own code of conduct and ethics. These are the Guild of Naturopathic Iridologists, which is affiliated to the Institute for Complementary Medicine (ICM), and the International Society of Clinical Iridologists.

Guild of Naturopathic Iridologists
94 Grosvenor Road
London SW1V 3LF
Tel: 020 7821 0255
Website: www.gni-international.org

International Society of Clinical Iridologists
853-5 Finchley Road
London NW1 8LX
Kinesiology

Kinesiology, also known as applied kinesiology, is a system of diagnosis and treatment, based on the belief that disease is caused by accumulation of toxins around major muscle groups, which translates into weakness of specific muscle groups. The underlying philosophy is that the relative strengths or weaknesses of different muscle groups can be used to determine a person’s health, including allergies and food intolerances.

Common uses

As a tool for diagnosing disease.

Evidence

As yet there is no proven scientific basis for this method, as good clinical trials have not confirmed its validity. However, the British Register of Complementary Practitioners (Kinesiology Division) recognises the standards created in New Zealand by the New Zealand Kinesiology Practitioners Accreditation Board Inc. This training has been accredited by the New Zealand Charter of Health Practitioners Inc, Qualification Revision, PO Box 160, Wellington.

The training is currently available in the UK from:

British Kinesiology Centre (Ms Sue Hall)
The Maples
Furze Vale Road
Headley Down
Hants GU35 8EP
Tel: 01428 717140

Safety

The method is safe when practised correctly, but confirmation of the diagnosis should be obtained where appropriate.

Practitioners

Kinesiology is currently unregulated. There are around 600 kinesiologists in the UK and about 16 schools of kinesiology. The Kinesiology Foundation is an umbrella organisation that covers most of the schools and has about 300 practising kinesiologists in membership. The minimum requirements for membership are 150 hours of training and 200 hours of clinical experience within a period of two to three years. The Foundation has a code of conduct and ethics, a disciplinary procedure and its members must be insured. The other main organisation is the Association of Systematic Kinesiology, which has about 140 members, who have to undergo 40 days’ training.
Massage therapy

Massage therapy is the application of pressure to the soft tissues of the body, including the skin, muscles, tendons and ligaments. Classical massage comprises four main techniques:

- **effleurage** (stroking) is a smooth, gentle action where the hands glide rhythmically over the skin following the direction of the muscle fibres, used all over the body to relax tense muscles and improve circulation.

- **petrissage** (kneading of the skin and soft tissue by squeezing and releasing them) stretches and relaxes the muscles and is particularly used on fleshy areas. It helps break up tension and scar tissue in the muscle.

- **frottage** (friction) involves applying deep pressure with the thumbs, knuckles or elbows to a specific spot to release tension in the muscles.

- **tapotement** (percussion or chopping) with the sides of the hands is used to stimulate the body and tone and strengthen the muscles.

**Common uses**

Musculoskeletal disorders, including back pain, anxiety, depression, stress, constipation and many other conditions.

**Evidence**

Evidence from systematic reviews suggests that abdominal massage could be a promising treatment for constipation and back massage for low back pain. Some evidence suggests that it may be valuable in anxiety and depression.

**Safety issues**

Adverse effects are rare, but bone fractures and liver ruptures have been reported. Contraindications include phlebitis, deep vein thrombosis, skin infections, burns, eczema, open wounds, bone fractures, advanced osteoporosis, cancer, HIV and AIDS.

**Practitioners**

Anyone can set themselves up as a massage therapist without any training or regulation and there are thousands of massage therapists in the UK. There are about 200 massage training schools and 60 massage qualifications, but it is difficult to tell how well a therapist is trained. Some therapists advertise themselves as being able to treat health problems, rather than just using massage for relaxation purposes. The British
Massage Therapy Council can supply names of therapists who have had a minimum of 150 hours of tuition. The Massage Therapy Institute of Great Britain also holds the names of 600 practitioners.

**British Massage Therapy Council**
17 Rymers Lane
Oxford OX4 3JU
Tél: 01865 774123

**Massage Therapy Institute of Great Britain**
PO Box 2726
London NW2 4NX
Tél: 020 7724 4105

**British Register of Complementary Practitioners (Massage Division)**
PO Box 194
London SE16 7QZ
Tél: 020 7237 5165
Website: www.i-c-m.org.uk
Email: info@i-c-m.org.uk

**Qualifications**
ITEC International Therapy Examination Council
MRSS Member of the Register of the Shiatsu Society
BRCP (Massage Division) also other techniques such as Indian head, sports massage, lymph drainage, etc.

**Meditation**

Meditation can be broadly defined as any activity that keeps the mind calm, clear of all thoughts and focussed on the present. While it is practised as a way of reaching spiritual enlightenment in eastern societies, it can be practised outside of a religious or philosophical context as a self-help technique for relaxing the body and quietening the mind. With practice a person can experience a deep state of meditation where they are totally at peace, no matter what is happening outside of themselves. Essentially, it involves either focussing on something such as breathing, a sound or ‘mantra’ or an object (eg a candle flame), and being aware of thoughts without engaging them.

**Common uses**

Meditation is used for a wide variety of reasons. Some people meditate for spiritual reasons, others to improve wellbeing and relieve stress. It may also be used to treat specific conditions, particularly those triggered or made worse by stress, such as high blood pressure, irritable bowel syndrome, asthma, anxiety, insomnia, phobias, eczema, pain and menstrual and menopausal problems.

There are three main types of meditation practised in the UK. These are:

- **Transcendental meditation** (TM), which is practised by around 200,000 people in the UK. Used mainly to alleviate stress, TM is gaining acceptance amongst doctors. It involves spending 20 minutes twice a day sitting with eyes closed and silently repeating a special word or mantra.
• **Buddhist meditation**, which involves developing awareness of breathing and of positive feelings for all living things in an attempt to achieve inner peace and calm.

• **Vedic mantra meditation**, which is a technique that allows the attention to rest on a simple sound to which no emotions are attached, so providing access to the deeper parts of the mind.

**Evidence**

There is some evidence that meditation may increase serotonin levels, but most of the studies demonstrating benefits of meditation relate to TM. Clinical trials have shown TM to reduce blood pressure and reduce anxiety, while trials comparing TM with other forms of meditation have produced conflicting results.

**Safety issues**

Meditation is best avoided by individuals with schizophrenia or psychosis, unless they are medically supervised. It may produce mental and emotional calm, but meditating without the support of a trained and experienced person may cause worries and fears to surface, which can provoke more stress and may even do harm.

**Practitioners**

There is no regulation in this field, but the organisations listed below provide further information.

- **Friends of the Western Buddhist Order**
  London Buddhist Centre
  51 Roman Road
  London E2 0HU
  Tél: 020 8981 1225

- **School of Meditation**
  158 Holland Park Avenue
  London W11 4UH
  Tél: 020 7603 6116

- **Transcendental Meditation**
  Freepost
  London SW1P 4YY
  Tél: 08705 143733
  Website: [www.transcendental-meditation.org.uk](http://www.transcendental-meditation.org.uk)

**Naturopathy**

Naturopathy is a complete system of health care, which integrates elements of conventional and complementary medicine to support and improve the self-healing process. An underlying principle of naturopathy is that health is influenced by nature’s own healing power. Disease is thought to be a result of ignoring or violating general principles of healthy lifestyle, including a diet rich in fresh fruit and vegetables with plenty of exercise. These principles are well recognised in mainstream medicine. The therapies used include herbal remedies, hydrotherapy...
(eg hot and cold water, ice and steam, baths, saunas, compresses and wraps, whirlpools, water jets, seawater treatment), iridology, exercise and relaxation. Treatment may also involve advice on diets, fasting, fresh air and vitamin and mineral supplements.

**Common uses**
Almost any condition.

**Evidence**
Few would doubt the benefits of healthy diet and exercise. Other therapies used as part of naturopathy should be evaluated on an individual basis.

**Safety issues**
Safety issues are covered for each individual therapy.

**Practitioners**
There is no regulation for naturopaths, but the General Council and Register of Naturopaths has a register of 300 practitioners in the UK. They will have completed a four-year degree course, of which there is currently only one available, or a two-year part-time postgraduate course, which is open to doctors, pharmacists and other healthcare professionals, osteopaths, chiropractors and medical herbalists.

**General Council and Register of Naturopaths**
British Naturopathic Association
Goswell House
2 Goswell Road
Street BA16 0JG
Tel: 01458 840072.
Website: [www.naturopathy.org.uk](http://www.naturopathy.org.uk)

**British Register of Complementary Practitioners (Naturopathy Division)**
PO Box 194
London SE16 7QZ
Tel: 020 7237 5165
Website: [www.i-c-m.org.uk](http://www.i-c-m.org.uk)
Email: info@i-c-m.org.uk

**Nutritional supplements**
Most health promotion efforts will include advice on diet and nutrition, including supplementation. Dietary supplements are indicated in people with nutritional deficiencies or at risk of them. There is growing evidence for the value of supplements in some conditions (eg antioxidants in age-related macular degeneration, calcium and vitamin D in the prevention of osteoporosis, fish oils in reducing cardiovascular disease risk factors, glucosamine in osteoarthritis).

However, practitioners known as nutrition therapists (not to be confused with dietitians) go one step further, saying that supplements and indeed, special diets (eg food exclusion diets, detoxification diets) and dietary change can be used to alleviate the symptoms of many conditions. Nutritional therapists believe that most
people would benefit from a dietary supplement, because a significant proportion of healthy people do not have adequate amounts of vitamins and minerals in the diet. Another aspect of nutritional therapy is megadosing with vitamins and minerals, which is known as orthomolecular medicine.

**Common uses**

Supplements are used for prevention and treatment of deficiency, reducing the risk of various chronic conditions (eg cardiovascular disease, cancer, Parkinson’s disease, cataract, age-related macular degeneration), promoting optimum health and treating conditions such as arthritis, pre-menstrual syndrome, colds and eczema.

**Evidence**

Evidence for the value of supplementation beyond prevention and treatment of deficiencies is increasing, but is patchy and dependent on the nutrient or substance in question.

**Safety issues**

The majority of supplements are safe if the recommended dose is followed. However, high doses of some nutrients (eg fat-soluble vitamins, vitamin B6, zinc, selenium etc) may cause adverse effects.

**Quality issues**

Most dietary supplements are regulated as foods, not medicines, and therefore not subject to the same controls. This means that vitamin content, for example, may vary from that stated on the label. However, increasing numbers of UK manufacturers operate according to good manufacturing principles (GMP). Although it is difficult to tell which are good quality products, those made by well-known, reputable manufacturers are likely to be of reasonable quality.

**Practitioners**

Nutritional therapy is an unregulated field. Those describing themselves as nutritional therapists can have training ranging from a correspondence course leading to a certificate in basic nutrition to full-time university BSc degree courses leading to a qualification as a nutritional therapist. The British Association of Nutritional Therapists (BANT) is a voluntary professional body, which holds a register of about 400 nutritional therapists. All BANT members are insured and BANT works to the national occupational standards and has a strict code of ethics. A list of state-registered dietitians can be obtained from the British Dietetic Association (BDA). Dietitians have degrees in nutritional science, are registered by law and practise both inside and outside the NHS. The British Society for Allergy and Environmental Medicine and Nutritional Medicine is an association of British doctors who are interested in the use of nutrition in clinical medicine.

Qualified health professionals may take the courses offered by the European College of Nutrition and Health Science that are Qualification and Curriculum Agency approved and externally moderated by the Royal Institute for Public Health & Hygiene.
Details available from:

British Register of Complementary Practitioners (Nutrition Division)
PO Box 194
London SE16 7QZ
Tel: 020 7237 5165
Website: www.i-c-m.org.uk
Email: info@i-c-m.org.uk

British Association of Nutritional Therapists
27 Old Gloucester Street
London WC1N 3XX
Tel: 0870 606 1284
Website: www.bant.org.uk

British Dietetic Association
5th Floor, Charles House
148/9 Great Charles Street
Queensway
Birmingham B3 3HT
Tel: 0121 200 8080
Website: www.bda.uk.com

British Society for Allergy, Environmental and Nutritional Medicine
PO Box 7
Knighton
Powys LD7 1WP
Tel: 01547 550380
Website: www.jnem.demon.co.uk

Qualifications
MBANT Member of British Association of Nutritional Therapists
RN Registered Nutritionist
SRD State Registered Dietitian
BRCP (Nutrition) British Register of Complementary Practitioners

Resources

Books

This book provides an overview of dietary supplement usage, legislation, quality and safety issues and monographs on 72 supplements.

This book assesses the medical and scientific evidence for some of the most commonly used nutraceuticals. Sources, uses, side-effects and drug interactions are described for glucosamine, octacosanol, proanthocyanidins and grape products, lycopene, carnitine, flaxseed, melatonin and ornithine alpha ketoglutarate.
Journals

American Journal of Clinical Nutrition
Official journal of the American Society for Clinical Nutrition. Published monthly
http://www.ajcn.org

PRISM
Publication produced by the European Responsible Nutrition Alliance.
http://www.erna.org

Veris Newsletter
Non-profit organisation, which provides a responsible source of information on the role of nutrition in health, with emphasis on antioxidants.
http://www.veris-online.org

Websites

Arbor Nutrition Guide
Provides regular updates on nutritional issues, including those with relevance to supplements.
http://arborcom.com/

Association of the European Self-Medication Industry
European trade association representing the over-the-counter healthcare products industry.
http://www.aesgp.be

Council for Responsible Nutrition
Provides member companies with legislative guidance, regulatory interpretation, scientific information on supplement benefits and safety issues and communications expertise.
UK website: http://www.crn-uk.org

EC European Commission
News and information on EC Directives on supplements (amongst a vast array of other information!).
http://www.europa.eu.int/comm/index_en.htm

European Responsible Nutrition Alliance (ERNA)
http://www.erna.org

Food and Drug Administration
FDA Center for Food Safety & Applied Nutrition
http://vm.cfsan.fda.gov/list.html

Health Supplement Information Service (HSIS)
Developed by the Proprietary Association of Great Britain (PAGB), HSIS presents the facts about health supplements in a straightforward way. Aims to eliminate confusion and provide reliable data about individual nutrients and supplements.
http://www.hsis.org
**International Alliance of Dietary/Food Supplement Associations**
Aims to facilitate a sound legislative and political environment to build growth in the international market for dietary supplements based on scientific principles.
http://www.iadsa.org

**Joint Health Claims Initiative (JHCI)**
Established as a joint venture by consumer organisations, enforcement authorities and industry trade associations to evaluate concerns relating to health claims and develop a code of practice to regulate the use of health claims on foods and supplements.
http://www.jhci.org.uk

**National Institutes of Health Office of Dietary Supplements**

**Nutrition News Focus**
Provides a daily online newsletter free of charge, which attempts to bring clarity to confusing nutrition news stories.

**Quackwatch**
A non-profit organisation with the aim of debunking health-related frauds, myths, fads and fallacies. There are sections on dietary supplements.
http://www.quackwatch.org

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**Osteopathy**

Osteopathy is a system of manual therapy, involving massage, mobilisation and spinal manipulation. It is concerned with the interrelationship between the structure of the body and the way in which the body functions. For osteopaths, a perfect alignment of the musculoskeletal system eliminates obstructions in blood and lymph flow, which in turn maximises health. Osteopaths treat by manipulating the musculoskeletal system, using a variety of techniques. These include: manipulation and high velocity thrust techniques; stretching to help joint mobility; massage to relax stiff muscles. As in chiropractic, ‘active rehabilitation’ is used, based around fitness and endurance regimens which are tailored to the patient’s abilities.

**Common uses**
Musculoskeletal problems, particularly neck and back pain, including low back pain associated with dysmenorrhoea, and also headaches.

**Evidence**
There is some evidence to suggest that osteopathy is helpful for low back pain, but for other indications the evidence is sparse and inconclusive.

**Safety issues**
Adverse effects are rare and include spinal trauma after high velocity thrusts, vertebral artery dissection and stroke. However, the techniques are often gentler than those used by chiropractors, so the risk of spinal injury should be small. Osteopathy should not be used in patients with osteoporosis, bleeding disorders, infections or neoplasms.
Practitioners
Since the passing of the Osteopaths Act 1993, osteopaths in the UK have been regulated by legal statute and it is illegal for anyone to call themselves an osteopath unless they are on the Statutory Register of the General Osteopathic Council (GOsC). There are now over 3,000 osteopaths registered in the UK, all of whom have undergone at least four years of full-time (or six years of part-time) training at a recognised college. It is possible for doctors to complete fast-track training in osteopathy on a 12-18 months course. Practitioners are covered by professional indemnity insurance and have to participate in postgraduate training. They are bound by a strict and enforceable code of practice and can be removed by the register of the GOsC following a disciplinary hearing.

There are many osteopaths that offer other therapies that cannot be registered by the General Osteopathic Council. For those practising more comprehensive programmes, the BRCP can often provide additional registration.

The GOsC maintains a register of UK registered osteopaths. This information is available on the website.

General Osteopathic Council
Osteopathy House
176 Tower Bridge Road
London SE1 3LU
Tel: 020 7357 6655
Website: www.osteopathy.org.uk

British Osteopathic Association
Langham House East
Luton
Bedfordshire LU1 2NA
Tel: 01582 488455
Website: www.osteopathy.org.

Qualifications
GOsC General Osteopathic Council
BRCP (Osteopathic Division), also for chiropractic, McTimoney chiropractic, etc.
British Register of Complementary Practitioners

Pilates
Pilates is an exercise-based system for developing body, mind and spiritual awareness, which, according to its proponents, aims to achieve balance in the musculoskeletal system. It is gentle, focussed exercise with the potential to become aerobic. Through the process of regular classes, the aim is to ensure the body moves with maximum efficiency and minimum effort. Classes are generally small, so there is a high level of personal attention. It will generally involve working on specially designed equipment, primarily using resistance against tensioned springs with the aim of isolating and developing specific muscle groups. Matwork classes utilise a repertoire of exercises on a floor mat only.
Common uses

Pilates is used to develop body awareness and smooth and easy movement. It is also used to rehabilitate injuries and it is popular with athletes, dancers and anyone who wants to develop their individual physique and physical potential.

Evidence

The evidence suggests that the increasing popularity of Pilates is indicative of its success. However, scientific trials have yet to be undertaken through lack of research funding.

Safety

Serious side-effects are rare. Pilates is best avoided by patients with advanced osteoporosis.

Practitioners

Pilates is unregulated, but the PILATESfoundation UK is an organisation which teaches Pilates to people wanting to train as teachers in the UK. It has developed a common teacher training standard and provides a support forum and continuing education for members.

The PILATESfoundation UK Ltd
PO Box 36052
London SW16 1XQ
Tel: 07071 781 859
Website: www.pilatesfoundation.com

Radionics and radiesthesia

Radionics is a type of vibrational medicine, based on the belief that all life forms are connected to, and penetrated by, a common field, and that all matter emits radiation. Radiesthesia (or radionics diagnosis) is a means of diagnosing illness at a distance. This can involve the use of pendulums, hazel twigs and quasi-scientific, electric instruments to assess an individual’s energy or measure the radiation he or she is emitting. Individuals need not meet the practitioner face to face. A tissue sample (eg hair, a nail clipping or a drop of blood) is sent together with a completed health questionnaire, from which the practitioner makes a diagnosis. The samples are put in a ‘black box’, which is said to have radio settings tuned to the vibrational levels of various diseases. The practitioner may also dowse over the questionnaire with a pendulum.

Common uses

A diagnostic technique.

Evidence

Radionics and radiesthesia have not been subject to rigorous clinical trials due to lack of research funding and so there is no scientific evidence of its validity. However, the procedure is commonly used and there are a number of courses available where the student is required to show competence when dealing with patients.
Safety issues
None

Practitioners
There is no regulation in this field. The Radionics Association is the main organisation and it has its own School of Radionics. It takes about 18 months of part-time study to qualify as a licentiate of the Association and a further 18 months to qualify as a full member. Qualified members of the Association are entitled to put MRadA (Member of the Radionic Association) after their name, and a list of qualified members is available from the Association for a small fee.

Radionics Association
Baerlein House
Goose Green
Deddington
Banbury OX15 0SZ
Tel: 01869 338852
Website: www.radionic.co.uk

British Register of Complementary Practitioners (Energy Medicine)
PO Box 194
London SE16 7QZ
Tel: 020 7237 5165
Website: www.i-c-m.org.uk
Email: info@i-c-m.org.uk

Qualifications
MRadA  Member of the Radionics Association
BRCP (Energy Medicine – Radionics)  British Register of Complementary Practitioners

Reflexology
Reflexology (reflex zone therapy, zone therapy, gentle touch, Morrell reflex touch) is a therapeutic method which uses manual pressure applied to specific areas, or zones, of the feet and sometimes the hands or ears, that are believed to correspond to areas of the body. The aim is to relieve stress, improve circulation, eliminate toxins and promote metabolic homeostasis. The theory (developed by Dr William Fitzgerald, an ear, nose and throat surgeon in the early 20th century) is that the body is divided into 10 vertical zones, each represented by a part of the foot. He suggested that energy flows through these zones, and that when there is an imbalance in the energy somewhere in the body, a change in texture (eg feelings of grittiness), or a crystalline deposit forms at the relevant reflex point on the foot or hand. This is thought to result in a blockage in energy flow. Applying pressure to these areas is said to allow the energy to flow freely again and so promotes health and wellbeing.

The principle of energy flow is similar to qi in Chinese and other oriental medicines. Su Jok is a type of Korean medicine that follows a similar principle but the locations of the organs in the hands and feet are different. Others have developed other
variations where gentle pressure only is applied. Both approaches are useful as a means of diagnosis.

**Common uses**
Stress-related disorders, irritable bowel syndrome, asthma, back and neck pain, migraine, headaches, chronic fatigue, insomnia, sinusitis, arthritis.

**Evidence**
RCTs have shown benefit in migraine, multiple sclerosis, pre-menstrual syndrome and blood glucose concentrations in diabetes, but details given about the studies were sparse.

**Safety issues**
There may be a tender spot found during the treatment session which indicates a problem area, but the reflexologist would work extremely gently on that area so as not to cause discomfort. There should be no foot tenderness after the treatment session. Adverse effects include fatigue and changes in bowel and urinary function but these should be shortlived (up to 24 hrs) and indicate that there is an unblocking of energy as it begins to flow freely again.

Contraindications include conditions of the feet such as gout, vascular disease and ulceration. Patients with bone or joint conditions of the feet or lower leg should be treated with caution.

**Practitioners**
There is no regulation of reflexology. However, there are at least 10 reflexology organisations in the UK, which require their members to have some degree of training, and around 13,000 reflexologists now belong to one or other of these organisations. The Reflexology Forum represents approximately 80% of all reflexologists in the UK. Launched in September 2000, the Forum is working towards raising standards of training and practice, as well as working towards regulation. There are various other organisations, which require their members to have various levels of training, insurance and have codes of ethics and practice.

**Association of Reflexologists**
Monomark House
27 Old Gloucester Street
London WC1N 3XX
Tel: 0870 567 3320
Website: [www.aor.org.uk](http://www.aor.org.uk)

**British Reflexology Association**
Monks Orchard
Whitbourne
Worcester WR6 5RB
Tel: 01886 821107
Website: [www.britreflex.co.uk](http://www.britreflex.co.uk)
Reflexology Forum
PO Box 2367
South Croydon
Surrey CR0 1EF
Tel: 0800 037 0130
Email: reflexologyforum@aol.com

Reflexologists’ Society
135 Collins Meadow
Harlow
Essex CM19 4EJ
Tel: 01279 421682

British Register of Complementary Practitioners (Reflexology Division – includes many forms)
PO Box 194
London SE16 7QZ
Tel: 020 7237 5165
Website: www.i-c-m.org.uk
Email: info@i-c-m.org.uk

Qualifications
MAR Member of the Association of Reflexologists
MBRA Member of the British Reflexology Association
MCCR Member of the Centre for Clinical Reflexology
MGCP Member of the Guild of Complementary Practitioners
MIFR Member of the International Federation of Reflexologists
MIIR Member of the International Institute of Reflexology
ITEC ITEC Professionals
ITEC International Therapy Council
MRS Member of the Reflexologists Society
MRPA Member of the Reflexology Practitioners Association
MSIR Member of the Scottish Institute of Reflexology
BRCP (Reflexology division) British Register of Complementary Practitioners

Resources

Books

Websites
www.pacificreflexology.com
www.reflexology-research.com
**Rolfing**

Rolfing (structural integration) involves pressure and manipulation of connective tissue as well as education in movement. The aim is to release stress patterns and to enhance movement, function and posture. The philosophy (developed by Dr Ida Rolf, an American biochemist) is that poor posture is caused by shortened connective tissue around the muscle and that optimal physical efficiency exists when the head, shoulders, abdomen, pelvis and legs are aligned and balanced in a specific way. Rolfing is designed to lengthen and release connective tissue and to allow the body to re-align itself with gravity, helping the body to function better.

**Common uses**
Musculoskeletal conditions, postural problems, headaches, stress.

**Evidence**
There is insufficient evidence to suggest that rolfing is effective, although small trials have suggested that it may reduce anxiety and correct curvature of the spine.

**Safety issues**
Rolfing may cause exacerbation of symptoms. It should not be used in patients with advanced osteoporosis.

**Practitioners**
Rolfing is unregulated, and there are very few practitioners in the UK. Training can be completed in one year. The Rolf Institute supplies details of qualified UK practitioners.

**Rolf Institute**
PO Box 14793
London SW1V 2WB
Tel: 0117 946 6374
Website: www.rolf.org

**Shiatsu**

Shiatsu is a Japanese form of massage on acupressure points (similar to acupuncture points). Diagnosis is based on principles of oriental medicine and techniques used may include pressure with the fingers, thumbs, palms, elbows, knees or feet on the meridians, and sometimes more dynamic stretching and rotation of the limbs and joints. Shiatsu usually takes place on a padded mat or futon, although for individuals unable to lie down it can take place while sitting on a chair.

**Common uses**
General ill health and chronic conditions.

**Evidence**
Individuals may experience a feeling of wellbeing, but there is insufficient scientific evidence to suggest that shiatsu is effective.
Safety issues
Shiatsu is generally regarded as safe, although excessive force may result in tissue trauma.

Practitioners
Shiatsu is unregulated. The Shiatsu Society maintains a register of qualified practitioners each of whom have been assessed for expertise by a panel of teachers and practitioners of shiatsu. Members may use the letters MRSS (Member of the Register of the Shiatsu Society) and must hold professional indemnity insurance and abide by the Society’s code of ethics.

Shiatsu Society
Eastlands Court
St Peter’s Road
Rugby
Warwick CV21 3QP
Tel: 0845 1304560
Website: www.shiatsu.org

British Register of Complementary Practitioners (Oriental Medicine)
PO Box 194
London SE16 7QZ
Tel: 020 7237 5165
Website: www.i-c-m.org.uk
Email: info@i-c-m.org.uk

Traditional Chinese medicine (TCM)
Traditional Chinese medicine (TCM) is a term used to describe a number of medical practices with origins in China, which have now spread throughout the world. It includes herbal therapy, acupuncture, dietary therapy, mind and body exercise (including t’ai chi) and meditation. Therapies tend to be used in combination, not in isolation. Great importance is placed on improving health and preventing disease, and disease does not need to be present for treatment to be initiated.

TCM is based on the concepts of:
- Yin and yang. Yin is associated with cold, darkness, stillness and passiveness, and yang with heat, light and vigour. In health terms, a person suffering from a fever would have too much yang and a person feeling cold and lethargic would have an excess of yin. Many ailments are described as being yin or yang and treatment is aimed at restoring the balance of yin and yang.
- Qi energy. Qi energy is considered to be the vital life force, which maintains various physiological functions. Deficiencies in qi will result in disease.

Chinese herbal medicine (CHM) is becoming increasingly popular in the UK, with over 3,000 clinics prescribing such remedies. The majority of remedies are made from plant material, but others are of animal or mineral origin. Oyster shells, for example are used to treat hypertension, and gypsum for conditions where there is considered to be too much heat.
Common uses
A wide range of conditions are treated, including anxiety, eczema, irritable bowel syndrome.

Evidence
Evidence has to be assessed according to each herbal preparation or technique used. TCM has been investigated in a number of studies, but they tend to be of poor methodological quality. Little evidence exists for the treatment of eczema, although there is some for irritable bowel syndrome.

Safety issues
Large amounts of Chinese herbal and other traditional medicines are imported into the UK, both legally and illegally, and there is growing concern about lack of controls.

There are potential problems with toxicity due to unknowing substitution of one herb for another, contamination by drugs (e.g., steroids, diazepam, indomethacin, warfarin, fenfluramine), other herbs, heavy metals and insecticides. Potentially toxic products are widely available, including some herbal teas (e.g., comfrey) which are hepatotoxic.

Some current specific safety issues include Qian Biyan Pian (associated with liver damage in humans and carcinogenicity in animals), Hua Fo tablets (found to contain sildenafil) and various products containing aristolochia (associated with kidney failure and cancer).

Practitioners
Some practitioners are properly trained but many are not, and because most of the patients in the UK are now not Chinese, they are unable to distinguish between adequately and inadequately trained practitioners. The main professional body is the Register of Chinese Herbal Medicine. Members must have a minimum of five years’ training, including three years in western medicine, and they also adhere to a code of ethics and practice. However, only about half of the practising Chinese herbalists in the UK are on the register and very few of the highly trained herbalists from China belong to it.

Register of Chinese Herbal Medicine
Office 5, Ferndale Business Centre
1 Exeter Street
Norwich NR2 4QB
Tél: 01603 623994
Website: www.rchm.co.uk

British Register of Complementary Practitioners (Oriental Medicine)
PO Box 194
London SE16 7QZ
Tél: 020 7237 5165
Website: www.i-c-m.org.uk
Email: info@i-c-m.org.uk
T’ai chi

T’ai chi is a martial art. It is a system of movements and postures rooted in ancient Chinese philosophy used to enhance mental and physical health. With a long history in China, it is based on the principles of the two opposing life forces, yin and yang. Ill health is considered to be an imbalance of these two, and the movements and postures of t’ai chi are thought to stabilise any imbalance and create harmony.

Common uses
Stress-related conditions, depression, osteoporosis, hypertension, hypotension.

Evidence
Evidence from RCT’s suggests benefits of t’ai chi in maintaining balance and strength, reducing the risk of falls in older people, and for depression, anger and fatigue.

Safety issues
Adverse effects are rare, but may include delayed-onset muscle soreness, pulled ligaments or ankle sprains. T’ai chi should not be used in patients with severe osteoporosis, acute back pain, knee problems, sprains and fractures.

Practitioners
Teachers should have a basic understanding of human anatomy and physiology, some knowledge of the philosophy and historical background of t’ai chi, and a certified knowledge of first aid in medical emergencies. Ideally, teachers will have studied with a master before independent teaching and have had at least five years of personal experience of t’ai chi.

T’ai Chi Union
1 Littlemill Drive
Balmoral Gardens
Crookston
Glasgow G53 7GF
Tel: 0141 810 3482
Website: www.taichiunion.com

UK T’ai Chi Association
PO Box 159
Bromley BR1 3XX
Tel: 020 8289 5166
Website: www.taichi-europe.com

British Register of Complementary Practitioners (Oriental Medicine - T’ai Chi)
PO Box 194
London SE16 7QZ
Tel: 020 7237 5165
Website: www.i-c-m.org.uk
Email: info@i-c-m.org.uk
Yoga

Yoga is a practice of gentle stretching, exercises for breath control and meditation as mind-body interventions. The word yoga is derived from the Sanskrit word yuj, which means to yoke, reflecting its purpose in joining mind and body in harmonious relaxation. Yoga is believed to increase the body’s store of prana, or vital energy, and to facilitate its flow by improved posture. Yoga is widely practised in both eastern and western countries, but yoga masters from India, where the practice of yoga originated, are still held in greatest reverence. The three yoga practices mostly used in the west, called hatha yoga, are the poses (asanas), breath control (pranayama) and meditation, which are aimed at achieving heightened awareness of the body and stillness of the mind.

Common uses

Stress, insomnia, headaches, anxiety, premenstrual syndrome, arthritis, back pain, cardiovascular, respiratory and gastrointestinal conditions. It can also be used by healthy people to gain self-mastery. Yoga is also used in pregnancy and as preparation for childbirth.

Evidence

Many uncontrolled studies have shown that yoga has beneficial effects on mood, emotional wellbeing and quality of life indicators. A small number of controlled studies suggest that it may be of benefit in hypertension, asthma and joint stiffness in osteoarthritis.

Safety issues

Adverse effects include drowsiness. Stretching can lead to physical damage. There are no absolute contraindications, but certain postures should be avoided during pregnancy. People with a history of psychotic or personality disorder should not use yoga because meditation may precipitate feelings of unreality and depersonalisation.

Practitioners

Yoga teaching is not currently regulated, but many teachers are well trained. Both the Iyengar Yoga Institute and the British Wheel of Yoga have comprehensive training for their registered teachers and require them to be adequately insured to teach. It takes years of training and examinations before someone is allowed to teach Iyengar postures or to teach remedial classes for people with a specific health problem. The Yoga Biomedical Trust offers qualified yoga teachers a two-year training in yoga therapy for specific ailments.

British Wheel of Yoga

25 Jermyn Street
Sleaford NG34 7RU
Tel: 01529 306851
Website: www.bwy.org.uk
Complementary medicine: general resources

Books


This book gives an overview of complementary therapy and covers each of the main therapies, including the theory behind them, common uses, evidence, side-effects, practitioners.


This book provides a general overview of CAM, covers acupuncture, homeopathy, osteopathy, chiropractic and herbal medicine in more detail and lists 5,000 qualified and registered practitioners in different regions in the UK.


This is a desk reference, which provides concise, evidence-based information on 64 forms of complementary and alternative medicine (CAM) and 38 common conditions frequently treated with CAM. A CD-Rom is included.


This is a good introduction to the most commonly used complementary therapies, covering theory, practice, current scientific thinking and safety. An essential text for any pharmacist wanting in-depth knowledge of this subject.


A short, but fairly balanced book aimed at the general public.
This book contains a list of CAM practitioners in the UK.

This book explores the growth of complementary medicine and its increasing use by the medical profession. It also examines the appeal of complementary medicine and the direction that research into this topic may take in the future.

This book is a guide to the integration of complementary therapies into mainstream primary care. It covers models of service provision, funding and legal issues, where to find evidence for CAM and working with CAM therapists.

This is a collection of articles published in the *British Medical Journal* in 1999. Subjects included: acupuncture, herbalism, homoeopathy, hypnosis and relaxation therapies, manipulative techniques (eg osteopathy, chiropractic), massage therapies, nutritional approaches.

The articles are available on the BMJ website ([www.bmj.com](http://www.bmj.com)) free of charge. Search the author Zollman C, or complementary medicines.

### Journals

**Bandolier**
Bandolier is produced monthly. It contains bullet points (hence Bandolier) of evidence-based medicine and contains a section on complementary and alternative therapies, which can be found at: [http://www.jr2.ox.ac.uk/bandolier/booth/booths/altmed.html](http://www.jr2.ox.ac.uk/bandolier/booth/booths/altmed.html)
Further information is available from:

Bandolier
Pain Research
The Churchill
Headington
Oxford OX3 7LJ
Tel: 01865 226132
Website: [www.ebandolier.com](http://www.ebandolier.com)

**British Medical Journal**
There is a collection of articles on CAM at:
[http://www.bmj.com/cgi/collection/complementary_medicine](http://www.bmj.com/cgi/collection/complementary_medicine)
CAM: The Magazine for Practitioners of Complementary and Alternative Medicine

Register for free subscription at:
http://www.cam-mag.com

or contact
Target Publishing
PO Box 12932
London N8 8WL

Complementary Therapies in Medicine
This journal is aimed at health professionals in conventional medicine (e.g. doctors, nurses, pharmacists). It is indexed in Medline and there are four issues a year (subscription approximately £60).

Journals Subscription Department
Harcourt Publishers Ltd
Foots Cray High Street
Sidcup
Kent DA14 5HP
Tel: 020 8308 5700

CompMed Bulletin
This is a bi-monthly bulletin (eight pages plus a two-page supplement) which covers the evidence base of the treatment of a different clinical topic every issue. The annual subscription is £75.

The CompMed Bulletin
Church Farm Cottage
Weethley Hamlet
Evesham Road
Alcester
Warwickshire B49 5NA
Tel: 01789 400295

FACT. Focus on Alternative and Complementary Therapies
This is a quarterly journal (individual subscription currently £65) which summarises and interprets important papers on CAM from over 100 journals specialising in this field. It also contains structured abstracts that typically point out the strengths and weaknesses of each paper, putting the findings into context of previous knowledge and clinical experience.

The Pharmaceutical Press
1 Lambeth High Street
London SE1 7JN
Tel: 020 7735 9141
Website: www.pharmpress.com
Email: rpsgb@cabi.org
International Journal of Alternative and Complementary Medicine
This journal is primarily aimed at CAM practitioners. It is published monthly (approximately £3 per copy).

International Journal of Alternative and Complementary Medicine
Green Library
9 Rickett Street
London SW6 1RU
Tel: 020 7385 0012

Journal of Alternative and Complementary Medicine: research on paradigm, practice and policy.
This journal includes reports on CAM treatments, current concepts in clinical care and case reports. It is indexed in Medline. Subscription outside the US is $103 (six issues per year). Further information is available on their website.
Website: www.liebertpub.com

Pharmaceutical Journal
This carries several articles on CAM.
A series by Jo Barnes et al was published in 1998. Subjects included:
• Herbal medicine. March 7, p344-8
• Homeopathy. April 4, p492-5
• Acupuncture. May 9, 664-7
• Aromatherapy. June 13, 1998
• Chiropractic and Osteopathy. August 8, 201-4.
• Other therapies: TCM, Ayurvedic medicine, flower remedies, anthroposophical medicine, reflexology, iridology. September 26, 490-3.


A focus on alternative and complementary therapies ran from 2004 to 2005 (17 articles).
Miscellaneous documents

This study surveys UK professional associations in CAM, providing information on all major and discrete disciplines and includes data on the extent to which each of the therapies is moving towards a common consensus standard. Further information from:
Centre for Complementary Health Studies
University of Exeter
Amory Building
Exeter
Devon EX4 4RJ
Tel: 01392 264496
Website: [www.ex.ac.uk/chs](http://www.ex.ac.uk/chs)

*The evidence base of complementary medicine.* The Royal London Homeopathic Hospital, 2nd edition, April 1999.
This document brings together evidence of effectiveness information for a range of complementary therapies which are used at the Royal London Homeopathic Hospital. These are homeopathy, acupuncture, manipulation, herbal medicine and dietary and nutritional therapies. Further information is available from:
The Executive Office
Royal London Homeopathic Hospital
Great Ormond Street
London WC1N 3HR. Tel: 020 7833 7220

Websites

**AMED (Allied and Complementary Medicine Database)**
- [www.bl.uk/collections/health/amed.html](http://www.bl.uk/collections/health/amed.html)
- Produced by the British Library’s Health Care Information Service
- Covers complementary medicine from 1985 (also physiotherapy, occupational therapy, rehabilitation, podiatry and palliative care)
- Nearly 600 journals, mainly European, many not covered by Medline
- 65,000 references with authors abstracts where available
- Access free to health professionals via the NHS Net, or the British Library offers a search service for a fee

**Bandolier Library: Complementary and Alternative Therapies**
- [www.jr2.ox.ac.uk/Bandolier/](http://www.jr2.ox.ac.uk/Bandolier/)
- Provides abstracts of systematic reviews and other studies in addition to Bandolier articles on CAM-related topics which include an appraisal of the evidence.
CAM research using Medline

- www.bastyr.edu/library/resources/researchguide

- A short document explaining some of the features of Medline (PubMed versions) with some useful hints on carrying out effective searches for CAM evidence

CAM on PubMed (Medline)


- Developed by the National Center for Complementary and Alternative Medicine and the National Library of Medicine in the USA.

- Offers a way to search Medline for articles on CAM by limiting your search to a special CAM subset of articles

- Over 270,000 references (from 1966 onwards) including author abstracts where available

- Website includes help, frequently asked questions and sample searches

- Searches are very sensitive but may retrieve a high proportion of irrelevant information. Best used for specific questions or specific health conditions

- Can be used with the Clinical Queries feature on PubMed which will filter the type of research to, for example, systematic reviews or RCTs

Clinical Evidence

- Via www.nelh.nhs.uk

- Regularly updated guide to the evidence on effective health care

- Published by BMJ Publishing

- Consists of brief appraisals of the evidence on common clinical interventions

- Includes some reviews of CAM interventions in specific conditions

- Also available in print (updated monthly)

CISCOM (Centralised Information Service for Complementary Medicine)

- www.rccm.org.uk

- Specialist information service based on a database produced by the RCCM (see below)

- Contains over 80,000 references including more than 5000 RCTs

- Combines data from a range of sources including in-house citation tracking

- Access to the search service costs £20
Cochrane Library

- Via National Electronic Library for Health at [www.nelh.nhs.uk](http://www.nelh.nhs.uk)
- Database of systematic reviews (50+) and randomised controlled trials (5000+)
- Provides rigorous evidence on the effectiveness of healthcare interventions
- Produced by the international Cochrane Collaboration since 1996
- Cochrane systematic reviews are available in full-text and updated as necessary
- Information on the Cochrane Complementary Medicine Field incl. CAM glossary

Health A to Z

This site has information on both complementary and conventional medicine. [http://www.healthatoz.com](http://www.healthatoz.com)

Internet Health Library

This is a UK Alternative Medicine, Complementary Therapy and Natural Health Care Resource website. It lists the main types of complementary therapies, describes what they are and highlights recent research for each one. [http://www.internethealthlibrary.com](http://www.internethealthlibrary.com)

Medline – See CAM on PubMed

National Center for Complementary and alternative medicine (NCCAM).

- [www.nccam.nih.gov](http://www.nccam.nih.gov)
- A US-based website which includes a range of information such as general information on CAM and clinical trials, news on CAM in the USA and access to CAM on PubMed (see above)

National Electronic Library for Health (NeLH)

- [www.nelh.nhs.uk](http://www.nelh.nhs.uk)
- ‘One-stop access’ to high quality health information
- Site can be searched using pilot search engine
- Search will include a range of sources, eg NICE guidance, National Clinical Guidelines and Cochrane reviews
- Access to Bandolier, Clinical Evidence, the Cochrane Library, OMNI, NHS CRD
- Hitting the Headlines service reviews the evidence behind news headlines

NHS Directory of Complementary and Alternative Medicine

- [www.nhsdirectory.org](http://www.nhsdirectory.org)
- Produced by the Association of Primary Care Groups and Trusts
- Provides listings of all practitioners who, by a process of self-selection, have put themselves forward to work either directly in NHS practice or from their own practice on a referral basis
- The site has restricted access – general information is available to the general public but details of practitioners are only available to NHS staff, who need to register (free)

NHS Centre for Reviews and Dissemination (CRD), University of York
- www.york.ac.uk/inst/crd
- Produces the Effective Health Bulletins which provide a systematic review of the evidence on clinical effectiveness of specific interventions
- Full-text versions of the bulletins can be downloaded

OMNI gateway
- www.omni.ac.uk
- Promoted as ‘The UK’s gateway to high quality Internet resources in Healthcare’
- Can be used to search for evaluated websites
- OMNI includes web resources covering complementary and alternative medicine
- All resources are evaluated but additional criteria are used to select CAM resources
- These additional guidelines also include useful links to official sites discussing such therapies and are available at http://biome.ac.uk/guidelines/eval/cam.html

RCCM (Research Council for Complementary Medicine)
- www.rccm.org
- General information on CAM including reports and newsletters
- Access to CISCOM search service (see above)
- Registration for CAM Researchers Network (CAMRN)

Royal Pharmaceutical Society
Scientist in the High Street campaign. Information sheets for pharmacists on various aspects of CAM (eg aromatherapy, homoeopathy, herbal products, herb-medicine interactions) can be found at:
http://www.rpsgb.org.uk/

US National Institutes of Health
Memorial Sloane-Kettering Cancer Center, New York, United States Integrative Medicine Service
http://www.mskcc.org/
Cinahl (Cumulative Index of Nursing and Allied Health Literature)
- Focuses on nursing and allied health disciplines but includes some CAM references, eg aromatherapy, massage.

EMBASE (Excerpta Medica Database)
- A pharmacological and biomedical database
- Particularly good coverage of European and drug-related literature.
- Information from more than 4000 journals published in 70 countries
- 8 million records from 1974 to date
- Accessible via medical libraries and medicine information centres

Training courses

British Register of Complementary Practitioners
For courses leading to registration with the British Register please contact:
British Register of Complementary Practitioners
PO Box 194
London SE16 7QZ
Tel: 020 7237 5165
Website: www.i-c-m.org.uk
Email: info@i-c-m.org.uk

Napier University, Edinburgh
BSc Complementary Therapies. Takes up to five years, depending on number of modules taken per semester.

University of Central Lancashire
BSc Honours in Complementary Medicine
BSc Honours in Herbal Medicine
BSc Honours in Homeopathic Medicine (plus licence to practise)
Website: www.uclan.ac.uk.

University of Middlesex
Degree programmes in CAM
http://www.mdx.ac.uk

University of Westminster
Degree programmes in CAM
http://www.westminster.ac.uk

(The Department of Health now offers funding for post-doctoral researchers in CAM. The School of Pharmacy at the University of London is one of the listed institutions.)
Qualifications

(Many of the following may be preceded with M or F for Member or Fellow)

BCMA  British Complementary Medicine Association
ICM   Institute for Complementary Medicine
FICM  Fellowship of the Institute for Complementary Medicine
BRCP  British Register of Complementary Practitioners
BGCCM British General Council of Complementary Medicine

Note: The British Register of Complementary Practitioners can register all the complementary disciplines, therapies and techniques that provide accredited training in the diagnosis and treatment of illness in a clinical setting.