<table>
<thead>
<tr>
<th>Part</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Learning, Studying and Professional Practice</td>
<td>1</td>
</tr>
<tr>
<td>II</td>
<td>Contexts for Practice</td>
<td>27</td>
</tr>
<tr>
<td>III</td>
<td>Managing your Own Practice</td>
<td>63</td>
</tr>
<tr>
<td>IV</td>
<td>Working with Patients and Clients</td>
<td>89</td>
</tr>
<tr>
<td>V</td>
<td>Philosophical and Scientific Basis for Practice</td>
<td>125</td>
</tr>
<tr>
<td>VI</td>
<td>Approaches to Practice</td>
<td>219</td>
</tr>
<tr>
<td>VII</td>
<td>Continuing Education and Professional Development</td>
<td>373</td>
</tr>
<tr>
<td></td>
<td>Appendices</td>
<td>383</td>
</tr>
</tbody>
</table>
# Full Contents

List of Resource Files xi
List of Figures xii
List of Tables xiv
Acknowledgements xvi
Notes on Contributors xvii
Introduction xxi
Abbreviations xxvi

## I  Learning, Studying and Professional Practice 1

1  Skills for College and Work-based Learning 3  
   ROBERT ADAMS

2  Personal Awareness, Critically Reflective Practice and Professional Development 12  
   ROBERT ADAMS

## II  Contexts for Practice 27

3  Introduction to Complementary Therapies and Alternative Medicine 29  
   ROBERT ADAMS

4  Approaches to Illness, Treatment, Health Promotion and Wellbeing 40  
   ROBERT ADAMS

5  Policy and Legal Basis for Complementary Therapies and Alternative Medicine 50  
   ROBERT ADAMS

## III  Managing your Own Practice 63

6  Working in Teams and with Different Professions 65  
   ROBERT ADAMS

7  Running a Complementary Practice as a Small Business 71  
   ROBERT ADAMS

8  Hygiene, Health and Safety 80  
   ROBERT ADAMS

## IV  Working with Patients and Clients 89

9  Ethical and Value Bases for Practice 91  
   ROBERT ADAMS

10 Communicating with People and Record Keeping 99  
   ROBERT ADAMS
## Part I

11 Process of Working with Clients and Patients  
ROBERT ADAMS  
107

12 Researching Practice  
ROBERT ADAMS  
113

### V Philosophical and Scientific Basis for Practice  
125

13 Roots of Traditional, Complementary and Alternative Medicine  
ROBERT ADAMS  
127

14 Basic Functional Anatomy  
JACQUELINE RICHARDS  
140

15 Cardiovascular, Respiratory and Urinary Systems  
JASON TSAI  
152

16 Reproductive, Endocrine and Nervous Systems  
JASON TSAI  
172

17 Immune, Digestive, Musculoskeletal and Integumentary Systems  
JASON TSAI  
187

18 Differential Diagnosis  
JASON TSAI  
203

### VI Approaches to Practice  
219

19 Homeopathy  
SUE ARMSTRONG  
221

20 Life, Spirituality and Chinese Medicine  
FANYI MENG  
230

21 Traditional Chinese Medicine: Acupuncture, Herbalism and Massage  
R MIKE CHAN  
243

22 Meditation  
LAMA RABSONG  
259

23 Herbal Medicine  
ANDREW STABLEFORD  
271

24 Aromatherapy  
KAREN TINKER  
282

25 Chiropractic  
JACQUELINE RICHARDS AND HUGH GEMMELL  
292

26 Osteopathy  
ANDREW MADICK  
303

27 Reflexology  
NICOLA HALL  
315

28 The Alexander Technique  
LENA SCHIBEL-MASON  
325

29 Reiki  
ROSEMARY PHARO AND DOREEN SAWYER  
338

30 Healing  
SALLY CANNING  
350

31 Dance Movement Therapy, Dramatherapy, Art Therapy, Music Therapy and Play Therapy  
SUE JENNINGS  
361
Learning, Studying and Professional Practice
Part I
Learning, Studying and Professional Practice

Introduction

Part I is written in the expectation that many readers of this book will be from a nontraditional educational background and new to further or higher education and may therefore welcome the opportunity for some additional learning support at the start of the programme. Indeed, English may not be your first language, or you may have enrolled on a course which takes for granted that you are already ‘up to speed’ in the practicalities of being a student. With this in mind, Part I is a preliminary to the main content, aiming to orient new students to learning and equip them with the confidence, skills and learning resources necessary to tackle the subject matter.

Chapter 1 deals with the skills required in order to engage in college, university and work-based learning. Chapter 2 deals with the important matters of personal awareness and professional development, which are threaded through all the chapters. You need to read and think carefully about the material in Chapter 2, so that you can engage in the process of critical reflection throughout the rest of this book.
Skills for College and Work-based Learning

ROBERT ADAMS

This book begins with material in this chapter intended to help you to learn more effectively. But this is only to help build your confidence and, perhaps, give you a quick start with books, learning, studying for assignments and writing essays. The heart of learning and working as a practitioner lies in how we reflect on experience and use this in our subsequent actions. These first two chapters in this book start this process.

I do not intend this to be a mechanical primer; it does not focus merely on your study skills; it does not present the journey to becoming proficient as a complementary practitioner as though it consists merely of acquiring knowledge and learning techniques. It is much more exciting than that. It is about becoming a critical and reflective practitioner – a journey which, when you embark on it, should engage you for the rest of your life. This book puts forward complementary practice as a lifelong process. When we reach Part VI of the book, you will gain
some sense of this, as the different practitioners in our writing team each share with you important aspects of their own development as practitioners. They write from this direct experience. If you want to understand what the book is all about, you can dip into these chapters now, selecting an area of practice in which you want to specialize. But you will need to return to the earlier parts of the book as well, in order to develop a fuller understanding of this area of practice.

This first chapter moves towards understanding learning as much more than study skills alone, but as an approach to reflecting on, and bringing together in an integrated way, three very different sources of experience:

- experience at work
- experience as a student
- previous life experience.

This chapter is written on the assumption that you will probably be learning, working and studying simultaneously for much of the time that you are reading this book. This will be the case whether you are on a course, or not. It is likely that in the field of complementary practice, you are doing some form of related work, even if you are also taking a course, such as a foundation degree. We shall spend much of the chapter considering these two major areas of learning opportunities: college-based learning (by which I include sixth form, further education and university) and work-based learning.

**College-based Learning**

Not everybody learns at, or through, college. Half my undergraduate and postgraduate university degrees were gained when working full time and studying in my own time. Many people spend at least part of their college course juggling the competing demands of work. Foundation degrees are designed on the assumption that learners will be studying alongside relevant work.

However, college is where most people go to acquire qualifications beyond school and studying complementary therapies and alternative medicine is likely to entail being based, whether full time or not, in a college or university. Some programmes of study are distance based, which means the student does not attend college, or they may be flexible, involving some short blocks of full-time study and the use of workbooks, study guides or other learning resources to support learning at a distance.

People take up college or university courses at different stages of their lives. In some ways, a student moving straight from school to college may find the transition easier than someone who has been away from the classroom for years. However, the more experienced adult learner brings a wealth of experience on return to college and invariably is highly motivated to use the time positively. So while the adult learner finds it challenging, there should be no doubt that the college benefits from the diversity of adult learners’ experiences and their high motivation to learn and do well.
Becoming an Adult Learner

Adult learning does not happen to us simply by paying our fees and registering for the course. It is a process we take part in, which involves us developing new areas of knowledge and understanding, engaging in discussion of ideas and practice and being challenged by viewpoints that are different from our existing ones. All in all, we may find this rewarding, but there are bound to be some times when we find it tiring, even exhausting. Some parts of learning may involve us discarding our existing ideas and assumptions and this can be painful.

Meeting the challenge of learning

Many would-be complementary practitioners have been away from education for many years when they are studying for their qualification. It is possible to meet the demands of becoming a student by being organized, but first of all it may be somewhat daunting to find oneself back in the classroom as an adult student, faced with a pile of handouts, course outlines and reading lists. It is important to realize that the key to success at this point is being well organized. Do the following:

- Do not panic.
- Develop the habit of organizing all the material as it accumulates, in folders separately labelled with each subject, with lecture notes and topics indexed within them.
- Carry an appointments diary and jot down the date and time of every meeting and other event that matters, day by day, as you find out about it.
- Keep phone numbers, addresses, the names of people and places all together where you can easily find them. Keep a copy at home in case you lose your diary.

Using the Library

The library, or learning resources centre, is the hub of learning. These days, students can often access university libraries from home, using Athens or a similar scheme. If you register at college or university, you will be able to find out about these opportunities by asking the library staff. Some courses use Blackboard as a means of communicating with students off campus. Tutors may put information, including reading lists, about their courses on Blackboard, for the benefit of off-campus students.

Library staff will give guided tours to many college libraries, which usually take place at the beginning of the term when new courses begin. These are an invaluable source of tips on how to search for material. There is no substitute, however, for browsing and becoming familiar with the books in particular sections. Often libraries differ in how the material is laid out.

While books and journals are the mainstay of libraries, the modern library gives access to many other sources of learning, including learning packages deposited with particular courses in mind, archived material, DVDs and tapes and, of course, online sources.
Reading

It is easy to be intimidated by the wealth of material available on a particular topic. Everybody studies in their own way, but the following hints are worth bearing in mind:

- Clarify the task.
- Choose a manageable number of appropriate books and/or journal articles.
- Be realistic about how much you attempt to read in a limited period.
- Select the most up-to-date edition of a book.
- Take notes while reading.
- Think critically while reading.
- Write out key quotes ‘verbatim’, that is, using the exact words and punctuation of the original. Record the page number, book title, author, publisher and place; or journal title, volume, issue and page numbers.

Taking notes

The key skill of taking notes is to learn how to summarize. When reading a page, practise the art – and it is an art, it takes practice – of making a list of bullet points comprising the main points the author is making. Try this after reading the entire page, rather than making notes line by line. If it proves difficult, be tough and decide that the entire page has to be summarized in no more than three bullet points.

Lectures, Seminars and Tutorials

College and university courses usually are built around a core of activities that bring groups of students together with tutors and lecturers in various programmed events:

- Lectures tend to take the form of largely one-way communication from the lecturer to the students.
- Seminars are more of an open discussion. Some students are more forthcoming in seminars, while others find them intimidating and do not make a contribution. It is important to use seminars in the way the college intends. They may follow particular sequences of lectures and each may be intended as opportunities to clarify ideas raised in the preceding lecture. They may be built around required reading and it will be important to do this in advance.
- Tutorials are relatively rare opportunities for students to meet with tutors, either individually or in small groups. Again, it is important to ensure that the best use is made of these.

Throughout, it is important to assume that only one opportunity exists to learn about any particular topic, so even if other students say a lecture, seminar or tutorial is not important, invariably it is. Realizing this afterwards is too late.
Doing Assignments

Assignments are assessment tasks that need to be completed as a course proceeds. It is realistic to think of an assignment as an iceberg. Experts tell us that approximately six-sevenths of an iceberg lies below the surface of the water and only oneseventh is visible. Similarly, most of the work of doing an assignment – reading, taking notes, thinking and writing drafts – is not visible in the end product. However, a marker can tell from the quality of the writing how much work has gone into an assignment, so it is important not to neglect this.

Some basic tasks are entailed in any learning task. The secret of studying for a particular assignment is to focus clearly on the topic and work through a prescribed sequence.

Once the studying for an assignment is well under way, it is best to begin to draft it, which means sketching it out and writing as much as you can, in rough rather than in best, instead of waiting until you have completed all the preparation. The process of actually drafting the assignment reveals what gaps there are and the questions that remain unanswered.

Developing Study Skills and Planning Study Time

People study in different ways and everybody has particular preferences when it comes to settling down to concentrate on thinking about and studying for a particular assignment. A good deal of published guidance is available on study skills and many of the short texts in local bookshops are clearly written and very good value.

We live busy lives and even the act of reading this book takes time that we may feel we cannot afford. However, without setting aside time to study, it will not be possible to move forward in learning about complementary approaches. It is important to make quality time to study. The competing demands on time mean that making time to study reduces the time spent on other activities.

Planning study time entails making a weekly plan in the diary and slotting into it realistic chunks of time when study can take place. The plan should cover all seven days and not be limited to college days. The competing pressures of work and home may mean that study time will be limited to college days. However, a detailed look at home time may suggest spaces – half an hour here or there – where study could take place. It is important to have a book placed strategically, with a notepad to take notes, so that these half-hour slots can be used effectively.

Work-based Learning

Put simply, work-based learning is learning at work, or while engaged in a particular task. However, work-based learning is a challenging activity and in order to tackle the challenge, we need to understand its basis and what it entails. Some
foundation degrees, vocational and professional courses in complementary approaches will include a work-based learning component. This is where you as the student can learn about practice settings, exercise appropriate skills and understand the relevance and relationship between theory and practice.

Work-based learning components can either take place as part of an organized placement (found by the student or the university/college) or, if you are on a work-based route, by using your current places of work as a learning resource for practice. In either case, it is important to establish the boundaries of the work-based learning and the knowledge, skills and values you are expected to demonstrate. It is also important to recognize and understand the partnership that will be established between the student, practice placement and tutor and what the roles of the respective participants will be. This should be established within a practice agreement prior to the commencement of the practice period. The role of the placement and the partners may include elements of the following:

- Identifying your needs as a student in relation to practice and reviewing and adapting these as the practice period progresses
- Identifying the sequence of learning opportunities to be provided
- Identifying and establishing links between the academic and practice elements of the programme
- Enabling you as a student to recognize and transfer existing knowledge, skills and values to the current practice and academic settings
- Assessing the knowledge, skills and values that the placement aims to enable the student to develop and demonstrate
- Giving feedback to you as a student – when and in what format
- Supervising you, the student – who will do this and what it will focus on.

**Experiencing and Learning from Experience**

The idea of experiential learning can help with work-based learning. It has some limitations, as we shall see, but it provides a good starting point, which we can use critically to develop a useful model for work-based learning.

**Experiential learning** is the term often used on courses to refer to different ways in which people draw on their previous and current learning from experience. The literature on experiential learning is rooted in cognitive psychology. The word cognition refers to those processes by which we are aware of, experience and know the world around us. These two forms of learning have a lot in common, but in reality are quite different from each other. Kolb has written about experiential learning and brief reference to his work enables us to introduce two different ideas – learning styles and the process of experiential learning.

**Learning styles: Kolb**

Kolb (1984) developed a four-stage model of the process of learning through experience (Figure 1.1).
The cycle begins with (stage 1) the concrete experience of the person, moves on to (stage 2) observation and reflection on this, continues with (stage 3) abstract conceptualization, when the learner develops ideas that provide a model of what has been observed and continues again (stage 4) when the learner sets out to test what has been learned.

Kolb linked a key process with each stage, which he identified as a role performed by the learner (Figure 1.2).

Kolb’s ideas have the advantage of focusing attention on how we learn and enabling us to understand how different people approach their experience differently.
ently. However, beyond this, it is a mistake to do what many lecturers do, which is to present students with the diagram and invite them to explore which kind of learner they are. The four types are very much models or ideal types, rather than an attempt to impose on a particular person a single learning style. Most of us learn in different ways in different situations and probably change our style in the process. The strengths of Kolb’s approach are that he:

- highlights for tutors the message that people learn differently from each other
- emphasizes the important contribution that a person’s experience makes to their learning
- confronts us with the reality that knowledge in the form of college lectures is meaningless unless we can relate it to our own thoughts and feelings, ideas and experiences.

Some weaknesses of Kolb’s approach are that:

- it concentrates on primary learning from experience
- it does not emphasize the value of secondary, formally structured work-based learning.

Let us recognize these two equivalent but very different major sources of experiential learning:

1. *Primary learning from experience*, which involves you learning from previous experience and work experience, independently of any formal courses. Some people refer to this as ‘life’ experience.
2. *Secondary learning from experience*, which refers to formally acquired learning from planned placements, for example those set up by the college or university as part of your present course of study. The purpose of this placement normally will be to enable you to build on existing, and develop new, areas of knowledge, understanding and skills. The main benefit of work-based experiential learning is that it takes place in a ‘real practice’ setting, one which approximates to the conditions encountered in everyday practice.

Putting these two forms of experiential learning together, these are some of the different ways in which people learn from experience:

- in cognitive ways – through thinking about and reflecting on what happens to them. Cognitive learning involves acquiring new knowledge, understanding and expertise through the process of conscious thought and reasoning
- through gathering information – by reading books and so on
- in diverse ways in different cultures – according to background and habits
- in socially situated ways – in one way at college and in other ways at work and at home.
We can use these different approaches as the basis for developing our own useful model for running work-based learning projects. The student benefits by being able to use all the different sources and methods of learning mentioned above, so that they all enable us to reflect critically and improve our knowledge, understanding and skills. When these combine, we call the product ‘expertise’. This is quick to write, but actually is complex, involving us continuing to develop in personal and professional terms, as the different forms of experience and learning combine (Figure 1.3).

![Diagram: Process of college, home and work-based learning](image)

**Figure 1.3** Process of college, home and work-based learning

## Chapter Summary

This chapter has dealt with how to become equipped to meet the demands of learning about complementary approaches to practice. This requires a combination of learning and study skills as well as an understanding of what is entailed in learning as an adult.

### REVIEW QUESTIONS

1. What are the main points you need to consider when preparing to write an assignment?
2. What key tasks will you face when carrying out a work-based learning placement?
3. What preparation will help you to gain the most from lectures and seminars?

### CHAPTER LINKS

For further discussion of what developing as a reflective and critical practitioner entails, see Chapter 2.

For details of further opportunities for professional and personal development, see Chapter 32.

### FURTHER RESOURCES


Name Index

A
Acheson, D. 42
Adams, R. 47, 48, 86, 123
Adamson, E. 365
Albright, P. 33
Aldred, E.M. 79
Aldridge, D. 366
Alexander, F.M. 217, 325, 326–7, 333
Alexander, L. 379
Ali, M. 47
Ali al-Rahawi 92
Al-Khafaji, H. 241
Alvin, J. 366
Aromatherapy Trade Council 53
Austin, D. 33
Avicenna 52, 129, 217
Azaizeh, H. 127, 134

B
Baerlein, E. 52
Bajaj, S. 132
Baker, K. 241
Bakx, K. 136
Balacs, T. 53, 289
Baldwin, A. 346
Banks, S. 98
Banister, H. 56
Bartram, R. 280
Bayly, D.E. 317, 323
Beck, E.R. 215
Beers, M.H. 171, 186, 202, 215
Bergmann, T.F. 300, 301
Bickley, L.S. 171, 186, 202, 215
Bikhhu, T. 267
Birch, S.J. 241, 255
Birmingham Centre for Arts Therapies 362–3
Black, D. 42
Bodeker, G. 72
Bonamin, V. 228
Bone, K. 280
Boyd, H. 228
Bratman, S. 33, 115, 116, 117, 119
Brayne, H. 87
Broad, E. 20
British Association of Art Therapists 365
British Association of Dramatherapists 362
British Complementary Medicine Association 22, 55
British Medical Association 31, 33, 34, 37, 55

British Osteopathic Council 310, 311
British Osteopathic Journal 311
British Reflexology Association 322
British School of Osteopathy 304
Bronfort, G. 298
Brown, G.W. 137
Buckley, J. 289
Budd, S. 55
Buhner, S.H. 280
Bulman, C. 20
Burkholder, P. 79
Burton, R. 133
Buxton, P. 305
C
Caldicott, F. 100
Cant, S. 134
Care Quality Commission 87
Carr, H. 87
Cash, M. 30
Cassidy, C. 241
Cassidy, J.D. 300
Casson, J. 365
Cattanach, A. 367
Centre for Complementary Health Studies 55
Cheng, X. 241
Chishiti, H.G.M. 132, 139
Christensen, P.J. 112
Citizens Advice Bureau 88
Clark, M. 171, 186, 202
Close, A. 44, 47, 48
Cohen, M. 72
College of Occupational Therapists 75, 77, 78, 79, 93, 98
Collins, M. 314
Commission for Social Care Inspection 87
Committee on the Environment, Public Health and Consumer Protection 54
Complementary and Natural Healthcare Council 55, 318, 378
Compton Burnett, J. 217
Conable, B.H. 328
Conable, B.J. 328
Cottrell, D. 67
Craig, G. 355
Credit, L.P. 33
Crellin, J. 54
Culpeper, N. 217
D
Davies, C. 137
Davies, H. 106
Deadman, P. 241
De Alcantara 235
Department for Education and Skills 43, 60, 61
Department of Communities and Local Government 60, 61
Department of Health 42, 43, 48, 55, 60, 61, 279, 311
Derrickson, B. 171, 186, 202
Dewey, J. 333
Dimond, B. 59
Drake, R.L. 151

E
Eden, D. 359
Einstein, A. 352
Eisenberg, D.M. 33, 34
Ellis, A. 151
Ernst, E. 346
European Commission 56
European Parliament 54, 56, 57
European Society of Cardiology 156
European Union 55, 279
F
Fallowfield, L. 106
Fauci, A.S. 186
Federal Regulatory Council 55
Fédération des Professions 54
Feinstein, D. 359
Felt, R.L. 241
Field, B. 131
Fitter, M.A. 255
Fitzgerald, W. 316–17
Flaws, B. 242
Forster, D. 48, 49, 62
Foundation for Holistic Spirituality 43
Foundation for Integrated Health 318
Foundation for Integrated Medicine 55
Foundation for Paediatric Osteopathy 309
Friedson, E. 137
Fulder, S. 33, 35
Fulton, E. 348
G
Galen 216
Gascoigne, S. 137
Gattefosse 283
Gelb, M. 334
General Chiropractic Council 53, 294
General Council and Register of Osteopaths 304
General Medical Council 55
General Osteopathic Council 55, 56, 59, 93, 304, 310
General Regulatory Council for Complementary Therapies 55
Gilling, C. 112
Gilroy, A. 366
Glausiusz, J. 366
Glover, C.A. 307
Subject Index

A
abdominal distension 214
abdominal pain 207–9
acupressure 36, 255, 320
acupuncture 32, 37, 38, 58, 243, 249, 251, 252, 253, 255–6, 292, 355
acupuncturist/s xxii, 32, 36, 54
acute pain 209
acute renal failure 168–9
adenomyosis 176
adult learning 5, 11
agrimony 275, 278
Alexander technique 31–2, 34, 36, 38, 325–34
allergies 225, 247
allopathic medicine 32, 35, 280
almond oil 285
alternative medical systems 33, 37, 220, 255
Alzheimer’s disease 184
amennorrhoea 214
anatomy 126, 140–51, 152–215
aneurysm 161
angelica 275, 278
angina pectoris 159–60
animal osteopathy 309–10
ankylosing spondylitis 199
anorexia 209, 214
anti-cancer diets 38
apitherapy 38, 290
applied kinesiology, see kinesiology
Arab countries 128, 138
Arab traditional medicine 92
aromatherapy xxii, xxiii, 35, 36, 37, 38, 58, 217, 282–9, 378
aromatherapy research 288
art psychotherapy 365
art therapy 37, 38, 363, 365–6
artery dissection 162
arts therapies 35, 361–9
arts therapist 367
Asia 351
asthma 163, 303
atherosclerosis 157–8
aura diagnosis 37
authority 53, 54, 351
autogenic training 36
autonomic nervous system 183, 274, 277
Ayurveda 130, 217, 256
Ayurvedic medicine xx, xxii, xxiii, 22, 36, 37, 38, 55, 109–10, 129–33, 138, 139, 256
B
Bach flower remedies 290
Bachelor of Osteopathy 310
back pain 206–7, 357
back problems 315
balanced resting state 329
Bangladesh 138
Bayly method 320
bed-wetting 368
bereavement 362
bioelectromagnetic therapies 33, 38
biofeedback 36, 37
biological sciences 45
biologically based therapies 38, 220, 290–1
biomedical approach/perspective 41, 44
biopsychosocial medicine 256, 293
Black Report 42
blessed thistle 275
body-based approaches 38, 220, 336–7
body language 105
body mapping 327
Bone and Joint Decade 2000–2010 84
Bosnia 285
Bowen therapy 336
brainstem pathology 212
breathing 37
bronchitis 164
Buddhism 239–40, 245, 262–3, 267, 339
business, running a complementary 64, 71–9

C
Caldicott Standards 100
cancer 285, 297
cardiology 309
cardiovascular system 152–4
cardiovascular system disorders 154–62
catarrh 276
cell-specific cancer therapy 38
Central America 293
cerebral palsy 303
cervical cancer 174

Singh, S. 346
Skelcher, C. 66, 70
Slade, P. 364
Smith, A. 130
Smith, M.C. 117
Snowley, G. 112
Soames, R.W. 151
Society of Teachers of the Alexander Technique 334
Souhami, R.L. 215
Spencer, J.W. 115, 119
Stein, D. 359
Stiene, B. 349
Stiene, F. 349
Still, A.T. 304, 305, 314
Stone, J. 51, 52–3, 57, 58, 59, 318
Stuart-Cole, E. 82
Sullivan, C. 309
Sullivan, H. 66, 70
Szilagyi, P.G. 171, 186, 202, 215
T
Taylor, T. 151
Thomas, K. 255
Thompson, N. 105, 106
Tilford, S. 44, 46
Tinbergen, N. 333
Tisserand, R. 53, 289
Tones, K. 41
Tortora, G.J. 171, 186, 202
Totman, R. 41
Triance, E. 314
True, G. 345
Turner, B.S. 137
U/V
UK BEAM Trial Team 298, 335
Ulman, E. 365
United Kingdom Central Council for Nursing, Midwifery and Health Visiting 80, 85
Usui, M. 338
Valnet 283
Vick, D.A. 307
Vickers, A. 305
Vithoulkas, G. 229
Vogl, W. 151
Vohora, S.B. 132
W
Wadham, J. 86
Walach, H. 119
Walsh, M.B. 112
Walters, S. 255
Ward, R.C. 314
Webb, E.C. 53
Welsh Office, 61
Wernham, J. 308–9
Wilson, F.H. 301
Witz, A. 137
Wood, M. 280
World Health Organization 32, 33, 41, 46, 51, 61, 62, 127, 138, 300
Y/Z
Yan Fu, Z. 254
Ylinen, J. 30
Young, M. 33
Yura, H. 112
Zhang, Y. 242
Zolman, C. 305
Subject Index

chelation therapy 38, 290
dissection 282
digestive system, and diseases of 192–6
digestive problems 315
differential diagnosis 203–15
diagnostic imaging 322, 346
dualism, of mind and body 45

D
dance movement therapy 363, 364
dance therapy 37
dance voice therapy 364
depression 41, 46, 253, 288, 355, 366
diabetes insipidus 211
diabetes mellitus 159, 181–2, 211
diagnosis, in TCM 246–8
diet 282, 296
diet and nutrition therapies 33, 38
dieting 37, 38
differential diagnosis 203–15
diagnostic imaging 322, 346
digestive system, and diseases of 192–6
Display Screen Equipment Regulations 1992 83
dissection 282
diverticular disease 196
dizziness 212
doctor/s 34, 53, 58
doshas 110, 131
double-blind trial 115, 116, 321
douche 287
dramatherapy 367
dry needle therapy 292
dualism, of mind and body 45
dystonia 185

E
ear candling 290
ear reflexology 320
eating disorders 366
ecological approaches 45–6
eczema 200–1
education 39
egypt 283, 316
electromagnetic therapy 38
emotional freedom technique 355–8, 360
EmoTrance 354
emphysema 164–5
Employers’ Liability (Compulsory Insurance) Regulations 1998 77
Employers’ Liability (Compulsory Insurance) Act 1969 77
empowering people 44, 47
encounter groups 35
diabetes mellitus 159, 181–2, 211
diagnosis, in TCM 246–8
diet 282, 296
diet and nutrition therapies 33, 38
dieting 37, 38
differential diagnosis 203–15

digestive system, and diseases of 192–6
Display Screen Equipment Regulations 1992 83
dissection 282
diverticular disease 196
dizziness 212
doctor/s 34, 53, 58
doshas 110, 131
double-blind trial 115, 116, 321
douche 287
dramatherapy 367
dry needle therapy 292
dualism, of mind and body 45
dystonia 185

E
ear candling 290
ear reflexology 320
eating disorders 366
ecological approaches 45–6
eczema 200–1
education 39
egypt 283, 316
electromagnetic therapy 38
emotional freedom technique 355–8, 360
EmoTrance 354
emphysema 164–5
Employers’ Liability (Compulsory Insurance) Regulations 1998 77
Employers’ Liability (Compulsory Insurance) Act 1969 77
empowering people 44, 47
encounter groups 35
diabetes mellitus 159, 181–2, 211
diagnosis, in TCM 246–8
diet 282, 296
diet and nutrition therapies 33, 38
dieting 37, 38
differential diagnosis 203–15

digestive system, and diseases of 192–6
Display Screen Equipment Regulations 1992 83
dissection 282
diverticular disease 196
dizziness 212
doctor/s 34, 53, 58
doshas 110, 131
double-blind trial 115, 116, 321
douche 287
dramatherapy 367
dry needle therapy 292
dualism, of mind and body 45
dystonia 185

F
facial reflexology 320
fasting 37, 38
fatigue 209–10
fear of spiders 357
fear of wasps 358
fear of wasps 358
fear of spiders 357

G
gastroesophageal reflux disease 193
general practitioner, see GP
germany 310
Gestalt therapy 35, 268
ginseng 275
gout 275
GP/s xxii, 53, 66, 300, 306, 310, 313, 363
grapeseed oil 287
Greece 128
Greening of Medicine 40, 45–6, 48
growth hormone 179
Guided imagery 268

H
hair analysis 37
Hand healing 52
Harvard referencing system 24–5
hazard 81
headache 205–6, 224, 276, 285, 288, 312, 320, 344
healing 31, 34, 37, 38, 52, 66, 346, 350–9
Health Act 1999 55, 60
Health Act 2006 60
health and safety 78, 80–5
Health and Safety at Work etc Act 1974 82–3
Health and Safety Care (Community Health and Standards) Act 2003 60
Health and Social Care Act 2001
Health and Social Care Act 2008 87
Health Authorities Act 1995 60
health education 44
health promotion 40–9
Healthy Care Programme 43
heart attack, see myocardial infarction
heart disease 42
heart problems 154
hepatitis 195
herbal decoction 272
herbal medicine xxii, 31, 32, 36, 37, 38, 271–80, 378
herbal plasters 251
herbal remedies 77
herbal therapy 33, 38
herbalism 243, 249, 251–2, 253
herbs xxiii
Herzegovina 285
high velocity thrust technique 307, 313
HIV/AIDS 345
Subject Index

HM Revenue and Customs 75
holism 235
holistic 32, 34, 35, 40, 41, 44, 45–6, 48, 51, 109, 268, 282, 315
holistic medicine 257, 272–3
homeopath/s 54
homeopathic research 225–8
homeopathy xxii, 31, 35, 36, 38, 58, 221–9
homeostasis 183, 274
House of Lords Select Committee on Science and Technology 55, 279, 318
Human Rights Act 1998 95
hydrotherapy 37, 38, 336
hygiene 80–5
hypercholesterolaemia 158–9
hypericum 275, 278
hypersensitivity 190–1
hypertension 155–7, 159
hypnosis 36, 37, 268
hypnotherapy 34, 37
hyssop 275
hypnosis 36, 37, 268
hypnotherapy 34, 37
inhalation 286
Ingham method 320
infection(s) 81, 187–90, 191
injection 303
injection 303
inequalities in health 42
insomnia 252
insomnia 252
integrated perspective 44, 47–8
Integrative Dance Therapy course 364
Integrative practice 377
integumentary system 200–2
interdisciplinary teams 67, 68
iridology 37, 38, 291
irritable bowel syndrome 195, 252, 315, 355
irritable bowel syndrome 195, 252, 315, 355
Islamic medicine 52
Islam 363

J/K
Jakarta Declaration on Leading Health Promotion into the 21st Century 62
Japan xxii, 316, 339, 340, 351
Jing Qi Tong 245, 253
juice therapy 38, 290
kampo 55, 258
kinaesthetic sense 329
kinesiology 37, 38, 268, 355, 357
l
lavender 287, 288
learning styles 9–10
legal basis for practice 28, 50–9
light therapy/ies 38, 269, 290
liver 247
low(er) back pain 197, 297, 298, 301
lungs 247
lymphatic drainage 304
lymphatic pumping 336
macrobio diet/s 38, 290
magnetic field therapy 38
Malaysia xxii
Management of Health and Safety at Work Regulations 1999/1992 83
manual therapies 32
massage xxiii, 30, 31, 36, 37, 38, 243, 252, 285, 286, 296, 336–7
Masters in Osteopathy 301
Masters in Paediatric Osteopathy 309
Masters in play 367
Medical Act 1983 52, 59
meditation 36, 37, 38, 259–67, 342
Ménier’s disease 212, 356
meningitis 192
menstrual cycle 173
menstrual disorders 213–14
menstrual problems 288, 315
mental Capacity Act 2005 87
mental healing 37
Mental Health Act 1983 184
Meridian points 355
meridians 230, 244–5, 250
meridian points 355
migraine 276, 278, 285, 315, 320
multiple sclerosis 184
myasthenia gravis 185
myofascial pain syndrome 200
myocardial infarction 160–1, 204
myofascial trigger point therapy 292
myotherapy 337
naturopathy 36, 37
neck manipulation 299
neck pain 297
Neck Pain Task Force 300
needles, alternatives to, 250–1
Netherlands xxii
Netherne psychiatric hospital 365
neural therapy 38, 290
neurovascular system, and diseases of 182–5, 247
Netherlands xxii
Netherlands xxii
Netherlands xxii
Netherlands xxii
Netherlands xxii
Netherlands xxii
Netherlands xxii
neural therapy 38, 290
neurolinguistic programming 269, 357
neural therapy 38, 290
NHS and Community Care Act 1990 60
NHS (Consequential Provisions) Act 2006 60
NHS (Wales) Act 2006 60
NHS Reform and Health Care Professions Act 2002 60
NHS, the 33, 42, 52, 55, 87, 88, 363
nightmares 287–8
nocturia 210–11
Nordoff-Robbins music therapy 366
nutrition therapies 33, 38, 291
nutritional medicine 36

O
occupational therapists 52
Old Testament 362, 366
orange blossom 275
orthomolecular therapy 38, 290
osteitis 197–8, 199
osteopathic manipulative treatment 303
Osteopaths Act 1993 52
osteopathy 34, 36, 37, 38, 43, 53, 303–14
osteopathy research 311
Ottawa Charter 62
paeony 275
pain 303
Pakistan 138
palpation 248, 307
Parkinson’s disease 184–5
peptic ulcer 196
Peru 351
pharmacist/s 53
pharmacologic therapies 33, 38
phlebitis 321
photo therapy 371
physical therapies 34
physiotherapy 371
physiomedicalism 273–4
physiotherapists 52, 313
Pilates 257
persistence syndrome 197
placebo 225, 298–9, 321
play therapy 38, 362, 363, 367–8
playgroup 367
pneumonia 305
podiatrist 315
poetry therapy 371
polarity therapy 360
polycystic ovarian syndrome 175
Polynesia 293
positivist 29
postcoital bleeding 214
post-isometric relaxation 296
poverty 42
practice development 377
pranic healing 360
prayer 37, 269
preventive approaches 40, 43, 44
primary care trust/s 60
primary control 326, 332–3
process of practice 109–11
professional development 374, 375–9
professional organizations 385–7
professions, regulated 52
Professions Supplementary to Medicine Act 1960 52, 59
Provision and Use of Work Equipment Regulations 1992 83
psionic medicine 257
psychosynthesis 35, 269
psychotherapeutic therapies 35
psychotherapy 37, 269
pyelonephritis 167
qi 233–4, 245, 250
Qigong 38, 237, 245, 270
qualification 39, 51, 279
Quebec 54
radiesthesia 360
radionics 360
randomized controlled trial 44, 115, 116, 227
record keeping 99–101
reductionist approach 272
referred pain 208
reflection-in-action 19
reflection-on-action 19
reflective practice 13–14
reflexivity 14, 18–19
reflexology 36, 37, 53, 315–23, 378
reflexology research 321–2
registration 52, 53, 306
regulation 51, 53, 55, 57–9, 279, 280, 289, 314
reiki 36, 38, 47, 338–48
reiki research 345–7
relaxation 36, 37, 320
ren 238
renal failure 168, 211–12
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 83
reproductive system, and diseases of 172–6
research awareness 117–18
research into practice 113–23
research methods 115–17, 122
respiratory system 162–3
respiratory system disorders 163–5
rheumatoid arthritis 198–9
risk 81
rolling 38, 337
rose 288
rosemary 275, 278
S
Sahaj Marg 38
sandalwood 287
Scandinavia 54
schizandra 275, 278
schizophrenia 366
self-awareness 17–18, 108
self-healing 30
self-help 31, 33, 37, 47
sensitivity 17–18
Sesame approach 364
shiatsu 36, 38, 53, 315–23, 378
shen 238
sinus 276, 315
skull 236
smouldering moxa 251
social perspective 48, 46
somatic pain 208
sound therapy 37, 371
South America 293
South Asia 138
spinal manipulation 307
spinal manipulative therapy 298
spinal disorders 32
Sri Lanka 138
stomach 247
stress 46, 320, 351, 354, 355
stroke 299, 300, 366
study skills 3–8, 11
subluxation 294
supervision 375–6
systemic metabolic diseases 209
T
tai chi 36, 37, 38, 258
tao 237–8
Taoism 236–8, 245, 273
Tapas Acupressure Technique 354
temporal arteritis 206
therapeutic massage 38
therapeutic touch 36, 38
thought field therapy 270, 354
thyroid hormone 178–9
Tibet 128, 316
Tibetan medicine 55
tongue, in diagnosis 246, 276
traction 292, 296
traditional Indian medicine 109–10, 128–9, 130–2, 255, 256
traditional Japanese medicine 258
traditional Korean medicine 258
traditional medicine 32, 50, 51, 92, 127–39
Trager approach/therapy 38, 270
training 39, 310, 378, 380
transcendental meditation 270
Treaty of the European Union (Maastricht Treaty) 56
trigger point therapy 296
tuberculosis 191–2
T’ui Na’ar 252–3, 258
ulcerative colitis 193–4
ultrasound 292, 337
Unani/Unani-tibb 55, 132–4, 138, 217
unidisciplinary teams 67–8
United Nations Universal Declaration of Human Rights 1948 95
University of Arizona 346
University of Hong Kong 322
urinary system 165–7
urinary system disorders 167–70
urine therapy 291
USA xxii, 30, 33, 34, 54, 138, 273, 310, 345
uterine fibroids 175
V
values xxii, 12, 15, 16, 91–3, 97
vaporization 286
ventilatory dysfunction 209–10
vertebrobasilar artery (VBA) stroke 300
vertigo 212, 225
vestibular neuritis 212
Veterinary Surgeons Act, 1966 344
vibrational medicine 351
vitalism 294
W
water therapy 336
White House Commission on Complementary and Alternative Medicine Policy 54
White Paper Our Health, Our Care, Our Say 61
White Paper Trust, Assurance and Safety 55
X/Y
X-rays 295, 297, 301, 306, 313
YAHAT 363
yang 232, 235
yarrow 275
yin 232, 235
yoga 35, 36, 37, 258
Z
Zang Fu 230, 244
Zhen 240–1
Zhong yi xue 258
zone therapy 316–17, 323