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Cover Art by Kim Blair

Kim Blair is a former massage therapist. She now makes her living as a full-time artist. Kim says that "Developing a repetitive strain injury from my massage practice led me to a career change. Art classes and painting have been a part of my life since my early twenties and a few years ago I started to devote Sundays and Mondays to painting, which led to improved skills and some sales of my art.

I took a trip to New York City in the fall of 2008, soaking up as much of the fabulous art, culture, and architecture as I could. The trip was the catalyst that helped me make the decision to close my massage business of 13 years, heal my repetitive strain injury and pursue my art on a full time basis.

Kim's art can be viewed on her blog at http://kimblairartist.blogspot.com. You can also reach Kim by phone at 780-474-6734 or by email at kimlmt@telusplanet.net

natural health practitioners of canada association
association des praticiens de la santé naturelle du canada

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The NHPC Annual National Conference

A Place to Learn and Grow Together

Michelle Yaffe, RMT Australia

Being invited to the Natural Health Practitioners of Canada (NHPC) 2009 Annual National Conference (ANC) last year in Saskatoon was a thrill for me. It was rewarding and exciting to attend the conference in the double capacity of presenter and delegate. There was an amazing list of presenters including James Waslaski presenting Orthopaedic Massage for Pelvic Stabilization and Upper Body Conditions and Ben Benjamin presenting Soft Tissue Injury Assessment & Therapeutic Techniques for the Lower Back & Pelvis, both from the USA. Members were able to access the latest knowledge through a variety of practical and theoretical workshops and lectures whilst making important connections with other therapists. I found world-class presenters and members with high levels of professionalism and commitment, who are interested in the future of massage in the wider community. I found the national conference to be wonderful place to increase my knowledge and renew a sense of purpose and commitment to my career as a natural health practitioner.

There were some standout impressions that I came away with. First and foremost a notable theme of the conference that was being fostered and created by the NHPC was that of a sense of community among the therapists. This theme traveled right through the workshops and gala dinner. Interactions between therapists were warm and the board members were visible and available to all NHPC members. The gala dinner was a relaxed and fun affair with an Awards Ceremony recognizing exemplary achievements of NHPC members and others in the field of natural health care. It is this attention to members that makes the unification of 66 different natural health modalities under one association umbrella a possibility for the NHPC.

I found world-class presenters and members with high levels of professionalism and commitment … wonderful place to increase my knowledge and renew a sense of purpose and commitment to my career as a natural health practitioner.

I have come to understand that the world is a very small place when common goals, outcomes and learning experiences are shared by natural health practitioners on an international level.

As a presenter, and as with all the presenters in attendance, there is a common goal of educating and illuminating new ways for practitioners to do the work we do while providing tools to further careers as natural health practitioners in an increasingly competitive marketplace. We give students keys to walk through the door and experience their own learning. The NHPC members embraced this opportunity and certainly made the most of the time they had in each workshop. Interestingly, all presenters' echoed this sentiment across their workshops. Practitioners appreciated the variety and breadth of learning that they were exposed to and many workshops ended with smiling faces and rounds of applause.

It was the opportunity of a lifetime for me. Now that I have had time to reflect on my experiences, I have come to understand that the world is a very small place when common goals, outcomes and learning experiences are shared by natural health practitioners on an international level. NHPC members can feel secure in the fact that they are well represented by their association which is now in the process of preparing a world-class national conference for 2010 in Victoria, B.C…see you there!

Natural Health Practitioners Awareness Week 2010
'Put Your Health In Safe Hands. Visit an NHPC Member'

The 2010 Natural Health Practitioners Awareness Week (NHPAW) prompted Canadians from coast-to-coast to 'Put Your Health In Safe Hands. Visit an NHPC Member'. Early estimates have well over a million Canadians receiving this message through advertising, media relations, and member events.

An example of a great NHPAW event took place in Saskatoon, SK and was organized by NHPC President Paul Buffel and Saskatoon practitioner Marvin Swartz. Paul and Marvin were joined at the Saskatoon Farmers' Market Saskatoon by local NHPC members Rachelle Viczko, Jeff Lazo, Allison Costron, Erica Ambrose, Tanya Wagner, Yuki Sugimoto and Mina Sugimoto (not yet a member – Yuki's daughter).

Organizers provided members of the public with 71 free 10 minute demonstration Chair Massage, Body Talk, Thai Massage, Shiatsu, Reiki, and Hot Stone Massage treatments and reached 100s more who walked through the market and asked questions. Many of those receiving the free treatments were exposed to these modalities and their healing benefits for the first time.

Marvin Swartz said that the event was a "Great success, a lot of fun and provided all of the participating practitioners with great public exposure."

Continued Competency Questions Answered

Opale Goguen NHPC Continued Competency Program Coordinator

I am pleased to discuss the NHPC Continued Competency Program (CCP), and introduce myself as the NHPC CCP Coordinator. I believe that as we work together to bring awareness of natural health to the forefront, we are impacting something greater than any individual could grasp. Our community is in a state of constant expansion and as the reach of our natural health community grows - so do public, government and insurance industry expectations. As practitioners, we have a responsibility to create a healthy environment of trust and credibility between the practitioner and patient. In order to create this environment, we adhere to standards of practice and competency.

As we fast approach the end of the first NHPC CCP reporting period, there have been some recurring questions that I would like to address in order to help members with the CCP credit submissions. The recurring questions are:

Q How do I fulfill the mandatory First Aid & CPR and Ethics requirement, and how many credits does this amount to?

A Members must ensure they hold a valid copy of a First Aid & CPR certificate at the time of membership renewal. Any level, from any provider is acceptable to meet the requirement. Please ensure your course contains BOTH First Aid & CPR, and NOT CPR ONLY, as this is a common mistake and does not meet our requirement. If you currently are in possession of a valid certificate, there is no need to re-certify, simply send us a copy of your current certificate. Ethical training is considered an industry standard due to the nature of relationships and power differentials between you and your clients/patients. Members may complete the ethics requirement in a variety of ways. There are workshops, an online module or even a hard-copy module available through NHPC's Centre for Learning at www.nhpcanada.org. Some cost-effective options include: obtaining a copy of an ethics book or articles on ethics related to the health care provider and writing a short summary. You may use a Credit Submission Form to gauge the length and content. Combined, these two mandatory requirements (First Aid & CPR + ethics) create five (5) credits towards the 20 credits required.

Q What are some ways to obtain credits without necessarily taking a workshop or course?

A I strongly encourage members to think outside the box in this situation. The CCP was designed to encompass and respect all types of learning and educational experiences, in a well-rounded and encompassing manner. A great way to earn credits is by attending meetings or activities, such as NHPC Connections Cafes, which are held bi-annually in many major cities all across Canada. Other creative and fun ideas are attending local health fairs or exhibits (for example, the BodyWorlds exhibit is an educational offering) or hosting discussion groups with other therapists for shared knowledge. Many wellness centers are now also beginning to host open houses for other therapists and potential clients to visit. Think, what inspires you to learn about your practice?

Q I have submitted some credits for processing. How do I know if they have been posted to my profile?

A All NHPC members are enabled with a username and password in order to access the Members Only section of the NHPC website. Your NHPC username is your E-mail address. If you have forgotten your password, you may reset it by clicking the "forgot password" link. Your credits will be posted on your profile as soon as they are processed and you may view them by logging into the Members Only section. From there, select Update Profile, then Update Your Profile Now. Continued Competency records are on the "My Listings" tab. Click the Edit button besides the record you want details for, then select the down arrow in the "Custom Fields" heading.

Q When do I need to use a Credit Submission Form, and how do I fill it in?

A A Credit Submission Form is a useful tool in any instance when there is no certificate to submit or the certificate contains incomplete information. Generally, this would include when submitting for publications or personal development credits for example, however when submitting the First Aid & CPR certificate, no form is required as the certificate contains sufficient information. When a credit submission form IS required, however, please ensure to complete both sides including the "Summary" and "Practice Integration".

Q My reporting period is up on October 31st, 2010. Should I collect all my credits and send them in with my renewal form?

A While they will be accepted until that date, it is preferable for us to receive your credit submission (even if it may not be complete with all 20 credits) prior to your renewal in order to have processed them and listed them to your profile.

Q Why is Stone Therapy considered outside my Soft-Tissue Based Manipulation Domain?

A A domain is a categorization or grouping of modalities based on the primary mode of interaction between the therapist and the client. Basically, Stone Therapy is a device-based modality in which the primary interaction is not direct Soft-Tissue Based Manipulation by the therapist.

For more information and other Frequently Asked Questions, please refer to the Continued Competency Program Guide on our website, or contact our office to have one mailed to you directly.

We are all growing, evolving and working to create a bright future for Natural Health Practitioners across Canada and beyond. This is truly a wonderful learning opportunity for all involved, so please feel free to forward me any suggestions you might have regarding this program, as it is my goal to hear and represent the membership to the best of my abilities.

Antony Porcino, Natural Health author and researcher

Integrating Alternative & Allopathic Health Care

NHPC Taxonomy Published

Taxonomy is the practice and science of classification. Several taxonomies have been developed over the last 20 years to help map out and describe the inter-relationships of complementary and alternative medicine (CAM) modalities. Rarely though, does a taxonomy recognize CAM as part of the general field of health care.

Under the leadership and direction of Antony Porcino, the Natural Health Practitioners of Canada (NHPC) recently made available for publication its Integrated Taxonomy of Health Care to The International Journal of Therapeutic Massage and Bodywork. For the first time ever, our health care system now has a taxonomy that recognizes CAM as part of the general field of health care. Porcino says that "This extensive taxonomy is designed to fully integrate the complementary health care fields of biomedicine and CAM."

The taxonomy provides additional value by differentiating techniques, modalities, domains, and systems. The classic focus of taxonomies is primarily domains (related types of similar modalities), with some taxonomies including both domains and systems (e.g. Traditional Chinese Medicine) without a clear distinction between them.

Matthew van der Giessen, a member of the Credentials Committee that helped collaborate on refinements for The Integrated Taxonomy of Health Care, recalls the process as "mind expanding." He remembers that he "enjoyed every minute following Antony Porcino's lead and gaining invaluable perspective on multiple modalities."

Porcino drove the taxonomy through its four years of development at the NHPC, managing its progress and final shape, making sure of its significance to health care in general. By 2001, as NHPC found its membership increasing rapidly along with more modalities being requested for inclusion, Porcino identified the need of a strong system to guide its Credentials Committee. The working group is member-based and guides the professional registrar and credentialing work of Porcino.

Colleen McDougall, Executive Director and Registrar of NHPC, actively participated in Credentials Committee work. She commends her co-author and developer of the project: "This taxonomy is revolutionary in its high regard for alternative and complementary natural health practices. The 4-year process has yielded a vital document or tool for the future growth and success of NHPC, indeed health care in general. Both our practitioner-members and biomedical colleagues can use this taxonomy to open up dialogue."

The Taxonomy is a living document. It can continue to evolve and change. It continues to be a valuable tool for credentials evaluation and for understanding the many natural health modalities.

Recently the International Journal of Therapeutic Massage and Bodywork published The Integrated Taxonomy of Health Care. To view the complete taxonomy, including charts, visit http://www.ijtmb.org/index.php/ijtmb/article/view/40/74. The taxonomy can also be viewed on the NHPC website at www.nhpcanada.org

"This taxonomy is revolutionary in its high regard for alternative and complementary natural health practices. The 4-year process has yielded a vital document or tool for the future growth and success of NHPC, indeed health care in general. Both our practitioner-members and biomedical colleagues can use this taxonomy to open up dialogue."
-C. McDougall, NHPC Executive Director

Interview with Antony Porcino

Tom Graff: Is this taxonomy favouring one form of health care over another?

Antony Porcino: This taxonomy is of "integrated" health care because we do not want to make any claims about a particular modality or system's status. We did not want health care apartheid here. Everything is integrated equally.

Porcino and co-author MacDougall, CEO and Registrar of NHPC, and their Credentials Committee cohorts have created a kind of level playing field here for all modalities, from homeopathy to reflexology to physiotherapy or chemotherapy. There is no level of importance placed on one modality to the expense of another.

TG: How did you start registrar and credentialing work? Was that your first work for the NHPC?

AP: I got involved as a practitioner who became a member of the Board of Directors. Then I got more actively involved with credentialing when I became Registrar. Developing the credentials management was one of my primary mandates.

TG: Do prospective members have to conform to the taxonomy to become members of the NHPC?

AP: For new applicants, they must meet the standards set for the NHPC's recognized modalities. The NHPC has rules in addition to the Taxonomy that were developed just as carefully and with extensive discussion. They describe the boundaries of what the association is, how we decide whether a modality or system is accepted within the mandate of the association and if it is, what the modality standards would be.

If they practice modalities not yet recognized by the organization, understanding where those modalities fit in the taxonomy is part of the evaluation process.

The taxonomy is the NHPC's way of understanding and managing credentialing features of individual modalities. A practitioner who approaches NHPC membership does not have to understand the taxonomy but it is often fun to find one's modalities in the taxonomy and see how they relate to all other forms of healthcare.

TG: Taxonomy is the practice and science of classification. Do you think the project that led to this taxonomy was understood to be that at the outset?

AP: It was not our original goal at the Credentials Committee. I did the taxonomy classification to organize the material we had after we had done a lot of exploring the credentials issues we had on hand.

I needed to initially bring a structure to the Committee to discuss how to manage interrelated credentialing issues. Things like recognizing minimal standards levels and training requirements.

TG: So you did not set out to make taxonomy, but found that the Credentials Committee needed taxonomy to understand the full possibilities or potential of considering all health care modalities as their area of scope?

AP: I realized that we could not look at therapies as if they were isolated phenomena. They have interrelated features that needed to be coordinated for us, from an organizational credentials management perspective, to streamline our work, that is, acknowledge and use the similarity of features of related therapies.

TG: In terms of those who assisted in the classification process, did they think of it as taxonomy? Was it an official guide for NHPC for admission to membership?

AP: It was constructed for Committee use in our credentialing work. It was a practical tool from the outset. To understand how everything fit together. I started it because I needed a tool like that to efficiently manage the day-to-day load of applications for membership.

It shifted, in terms of the Committee's awareness, when one member turned it into a concept map. Tom Lefaive turned my raw taxonomy list into a form—a visual map—he could grasp more fully, understanding the interrelationships between modalities. It was an important step that got everyone working on it from the same conceptual base. And it really shaped up as taxonomy from that point on. But it still needed a great deal of development. The essential verticality issue was not addressed by the early concept map.

TG: How did Reflexology work into the taxonomy? Was it relatively straightforward?

AP: Yes, reflexology has always been very distinct in terms of how it works. It is documented well as to its history, theoretical grounding, as well as why it is distinct amongst the many health care services.

TG: Talk about Credentials Committee members.

AP: I am extremely grateful to the members of the Credentials Committee who gathered numerous times from across Canada and remained committed through on-going communication for four years. They were all active explorers and sounding boards as the taxonomy progressed in development. They were willing to challenge me and ask the important hard questions and sometimes sent me right back to parts of the drawing board that needed to be reworked to be more rigorous. It had to work for any health care service if it was truly to be fair. No other taxonomy has achieved that to date. It is still today a valuable tool to the NHPC, a living document. Colleen was a great sounding board for all the major steps we had to take and she knew the strategies, political and logistical, that we would need."

TG: How long did the process take?

AP: It was in constant development, refinement and testing from late 2001 to early 2005.

TG: Is your taxonomy a concept or a family of concepts or a village of families of concepts?

AP: It is all of those. Taxonomy goes deeper and deeper and conforms in structure like a living organism.

TG: So what is the structure in the taxonomy in its form today?

AP: I see it like our bodies. There are different organizational structure that are needed at, say, the cellular level, the organ level, the system level (e.g. digestive system), and a tissue level, like a body area, the chest, the head, the forearm where many tissues, organs and systems come together. Most taxonomies are just like this: each of the parts has to relate and work with the other to function.

Simply stated, taxonomy is a carefully defined organizational structure. It survives or it fails on the thoroughness of the organizing concepts and how well they interrelate and whether they end up contradicting each other or not.

TG: So what are the organizing concepts?

There are two key organizing concepts: you have to decide on the most suitable structure of the taxonomy and then the rules or principles on how things are placed within that structure.

The collaborative environment within the Credentials Committee was the key to making a conceptually solid and useful taxonomy. One of the things that was helpful was looking at extant taxonomies, looking at their strengths and weaknesses, where they were successful and where they failed. The very fact that this taxonomy was also solving very real credentialing problems forced us to make sure that certain gaps were filled. There were gaps in our early versions as well as in other taxonomies we consulted.

TG: Is there anything about your taxonomy that you are not happy with?

AP: I continue to struggle with the issue of simplicity versus necessary complexity brought about by a thorough taxonomy. I wish it could be more simple: it's complex so it is not easily grasped. Our taxonomy is worth grappling with for anyone who needs to use a taxonomic structure to fully grasp the interrelationships of health care services. And especially for understanding how best to research or credential one of the domains of health care services.

So something like the NCCAM (National Centre for Complementary and Alternative Medicine in Washington D.C.) taxonomy will continue to be used because it is so simple. People can grasp the basic complementary medicine taxonomy quickly. It fails for anyone who needs taxonomic detail. Anyone who needs to work or truly understand the detail of CAM modalities, and especially their relationship between them and between Western bio-medicine, will need a rigorous detailed taxonomy and taxonomic structure like ours.

TG: Was the process difficult?

AP: Yes and no. The process seemed organic. However, once a structure was shaping up, we tried to classify some modalities that had caused us or other taxonomy authors difficulty, or that seemed like it might present a classification challenge. We used contradictions to verify the veracity—the conformity or accuracy and/or precision—of the whole taxonomy. We ran into many problems of contradiction which therefore became opportunities for further defining the taxonomic concepts. We actively sought contradictions until we could not come up with examples that contradicted structure that was already in place.

I think it was really important that we had a very diverse membership on the NHPC Credentials Committee with multiple primary modalities represented, and all of the members were very capable of both representing their modalities well but also able to step into other modalities and play around with concepts and understand the implications of the different conceptualizing choices. So they were very good at high level / advanced thinking that allowed them to juggle many modalities and concepts simultaneously.

TG: Do you think you left anything out?

AP: No (laughing). A taxonomy of healthcare is a huge undertaking and there will likely be opportunities for carefully mapping in more modalities, both CAM and bio-medical. Of course, we were not able to classify every single technique and modality currently used in healthcare around the planet, but we believe everything that's out there will fit into our taxonomy model.

TG: Do you have further plans for the Taxonomy?

Not right now. But I'd like to work with some medical people or a medical historian to fill out the biomedical part of the taxonomy further. I think the taxonomy and its development process would make a good test case in a taxonomy workbook and someone suggested it would make an exciting science television show. I think that would be fun!

Focus on Massage

Steven Goldstein, BHSc MST, BA Ed

Fibromylagia: New Perspectives

Fibromyalgia classically presents as wide spread musculoskeletal pain and we know that the origin of this pain is multifaceted and systemic. Because of this, a more comprehensive understanding is required of you to be successful in your treatment options. In this article I'm going to introduce the concept of 'Central Sensitization', a fibromyalgia research blog, and the FIQ Fibromyalgia Impact Questionnaire. All three of these components will give you a greater understanding of how to work with and treat your Fibromyalgia client.

There has been much written regarding Fibromyalgia and massage therapy, but a short review of the salient features of the syndrome may be in order.

Fibromyalgia is…

Fibromyalgia FMS is a syndrome considered by many to be a chronic, culmative overload of the body's coping and cushioning mechanisms (1. Gillick) in which on going residuals of macro-traumas (whiplash, system disorders, post traumatic stress syndrome) are perpetuated with numerous and cumulative micro-traumas (chronic sinusitis, repeated impact trauma, musculoskeletal dysfunction in the upper or lower extremities, positional sleep traumas) which sensitizes the central nervous system in such a manner as to amplify pain 24/7 and create pain from usually non-painful stimuli.

This is known as Hyperalgesia: the amplification of pain sensations and Allodynia: non-painful sensations such as touch, noise, vibration, lights or smells are painful. Prevalence indicates usually affecting women over men by a 4/1 ratio, but Fibromyalgia can occur at any age. Although it usually manifests between the ages of 30 to 50. (Rattray p983)

There is an enormity of presenting symptoms with a wide range of variance. For manual therapists, probably the best source for the presenting symptoms would be to check out Dr. Devin Starlanyl's website: http://homepages.sover.net/~devstar/.

Central Sensitization

"Fibromyalgia (FM) pain is frequent in the general population but its pathogenesis is only poorly understood. Many recent studies have emphasized the role of central nervous system pain processing abnormalities in FM, including central sensitization and inadequate pain inhibition. However, increasing evidence points towards peripheral tissues as relevant contributors of painful impulse input that might either initiate or maintain central sensitization, or both. It is well known that persistent or intense nociception can lead to neuroplastic changes in the spinal cord and brain, resulting in central sensitization and pain. This mechanism represents a hallmark of FM and many other chronic pain syndromes, including irritable bowel syndrome, temporomandibular disorder, migraine, and low back pain. Importantly, after central sensitization has been established only minimal nociceptive input is required for the maintenance of the chronic pain state. Additional factors, including pain related negative affect and poor sleep have been shown to significantly contribute to clinical FM pain. Better understanding of these mechanisms and their relationship to central sensitization and clinical pain will provide new approaches for the prevention and treatment of FM and other chronic pain syndromes."

Central sensitization is defined as ''an augmentation of responsiveness of central pain-signaling neurons to input from low-threshold mechanoreceptors'' (Meyer et al.,1995). "While peripheral sensitization is a local phenomenon, central sensitization means that central pain processing pathways localized in the spinal cord and the brain are sensitized."

The science is fascinating, but the clinical implications through the application of this understanding are essential. An important and ongoing source of pain is required before the process of peripheral sensitization can establish central sensitization. Progression towards chronic widespread pain is associated with injuries to deep tissues that do not heal within several months (Vierck, 2006).

Consequently, appropriate and effective manual therapy in those with (sub) acute musculoskeletal disorders is important to prevent evolvement from an acute, localized musculoskeletal pain problem to complex clinical cases,

Characterized by chronic widespread pain and even symptoms outside the musculoskeletal system such as increased sensitivity to bright lights, auditory loudness, odours, and other sensory stimuli. Pain due to damage or inflammation of peripheral tissues is clearly capable of causing chronic widespread pain/FM (Clauw, 2007). 15-20% people with whiplash injuries develop chronic pain and disability (Spitzer et al., 1995; Radanov and Sturzenegger, 1996; Coˆ te´ et al., 2001). Regardless of whether FM is present in chronic whiplash, altered central pain processing and central sensitization is evident (Curatolo et al., 2001; Sterling et al., 2002, 2003, 2006; Banic et al., 2004). Moreover, altered central pain processing rather than impaired motor control has been identified as one of the prime prognostic factors for developing chronic whiplash (Sterling et al., 2003, 2006).

Myofascial Treatment

"Anecdotally, muscles and fascia often become hypertonic and develop trigger points in people with chronic widespread pain/FM. Soft-tissue mobilization is required to free up restrictions and restores local blood flow. However, it is important not to increase pain during treatment. The vicinity of myofascial trigger points differs from normal muscle tissue by its lower pH levels (i.e. more acid), increased levels of substance P, calcitonin gene-related peptide,

tumour necrosis factor-a and interleukine-1b, each of which has its role in increasing pain sensitivity (Shah et al., 2005). Sensitized muscle nociceptors are more easily activated and may respond to normally innocuous and weak stimuli such as light pressure and muscle movement (Shah et al., 2005). Therefore, starting the soft-tissue mobilization superficially with well-tolerated strokes along the length of the muscle fibres (referred to as 'stripping' in Benjamin and Tappan, 2005) and progressing towards deeper strokes that go perpendicular to the soft-tissue fibres is recommended Aggressive ways of treating trigger points (e.g. by using ischaemic pressure) are usually not well tolerated and therefore not recommended." *Excerpted from 'From acute musculoskeletal pain to chronic widespread pain and fibromyalgia: Application of pain neurophysiology in manual therapy practiceTreatment' Science Direct Manual Therapy 14 (2009) 3e12*

The research is clearly demonstrating a lighter approach is needed when applying soft-tissue therapies with the sufferer of fibromyalgia. We know from the studies of 'facilitation' with regard to active and latent trigger points, that once the dorsal horn of the spinal cord is switched on, it maintains its' 'facilitation', with a low thresh hold barrage of stimulus.

An awareness is needed of the mechanisms that activate the autonomic nervous system, such as 'flight and fight'; and the de-activation of 'high sympathetic tone' (Shea 1995), so that the therapist modulates the ANS from a lower sympathetic state into a parasympathetic state, which is demonstrated by 'rest and repose'. With this type of client, modification of duration of treatment, amount of force or pressure and specific tissues to target, i.e., myofascial tissue, are all essential to a greater degree of success through the cessation of the barrage of nocioceptive stimulus.

With the type of clinical approach I utilize, the use of a skill set that employs lighter touch, autonomic nervous system modulation, the use of mind-body techniques such as NLP, neuro-linguistic programming, awareness and imagery technique, low load resistive for targeting intrinsic ligament and axial spinal muscle groups, forms of applied kinesiology, reflexology; all have efficacy in the treatment application of the sufferer of fibromyalgia.

Finally, remember you have to have a strong referral network due to the systemic nature of the presentation, that means you need to refer to qualified therapists who practice Complementary and Alternative Medicine (CAM) therapies, including naturopaths, CAM therapy friendly allopath physicians, mind body therapists, rheumatologists, and cognitive therapists that deal with emotional and psychological issues that are part of the overall clinical picture.

Current Clinical Studies

(The Fibromyalgia Research Blog http://www.blogcatalog.com/blogs/fibromyalgia-research-blog.html)

If your going to stay ahead of your contemporaries as a therapist, then you need to maintain and seek out current evidence based research about the condition you are specializing in. We live in an age of information overload, however that can be an advantage for the therapist if you can select material to wade through that is relevant to your interest. I subscribe through my email inbox, to numerous journals and blogs, which automatically send me the latest research. Here are examples of studies from the **Fibromyalgia Research Blog:**

Biochemical Basis of Myofascial Pain Syndrome Sunday (12/21/08) Uncovering the biochemical milieu of myofascial trigger points using in vivo microdialysis: an application of muscle pain concepts to myofascial pain syndrome is the title of an article published by members of the Rehabilitation Medicine Department of the National Institutes of Health (Bethesda, MD). The article "discusses muscle pain concepts in the context of myofascial pain syndrome (MPS) and summarizes microdialysis studies that have surveyed the biochemical basis of this musculoskeletal pain condition." Myofascial pain condition is extremely common in fibromyalgia patients, though it is unclear whether MPS can cause fibromyalgia or vice versa.

The pathophysiology of MPS is "only beginning to be understood due to its enormous complexity." It is characterized by the presence of myofascial trigger points (MTrPs), which should not be confused with fibromyalgia tender points. Myofascial trigger points are hyperirritable nodules located within a taut band of skeletal muscle. These bumps or bands can usually be felt through the skin. The authors of this article write, "MTrPs may be active (spontaneously painful and symptomatic) or latent (non-spontaneously painful)." Active trigger points can refer pain to other parts of the body as well as being painful to direct touch.

Painful MTrPs activate muscle nociceptors that, upon sustained noxious stimulation, initiate motor and sensory changes in the peripheral and central nervous systems. This process is called sensitization.

The researchers sought to discover what influences this sensitization process using a microdialysis technique that was created in order to "quantitatively measure the biochemical milieu of skeletal muscle."

They found significant biochemical differences between active and latent myofascial trigger points (MTrPs) as well as biochemical differences between healthy muscle tissue and muscle tissue afflicted with trigger points.

40% of Patients with Cervical (Neck) Myofascial Pain Syndrome Also Have Fibromyalgia (12/21/08)

A study from Selcuk University in Turkey (PMID: 19085177) recently analysed the demographic features, clinical findings and functional status of a group of cervical (neck) myofascial pain syndrome patients. They evaluated the patients using the short form health survey (SF-36), pain and depression levels, patient demographics and physical examinations. They used the visual analog scale, Beck Depression Inventory, and medical history to evaluate the patients. A total of 82 patients had a diagnosis of cervical myo-

fascial syndrome. Almost 88% of these patients were female, and they were around 37 years of age on average.

53.1% had trigger points in the trapezius muscle with high percentage of autonomic phenomena like skin reddening, lacrimation, tinnitus and vertigo. 58.5% of the series had suffered from former cervical trauma and 40.2% also had fibromyalgia syndrome and 18.5% had benign Joint hypermobility syndrome.

They concluded that younger female patients who present with autonomic system dysfunctions and early onset cervical spine injury should be "examined for cervical myofascial pain syndrome and also for fibromyalgia syndrome since this study demonstrated a high percentage of fibromyalgia syndrome in these patients."

Changes in Hippocampal Metabolites After Effective Fibromyalgia Treatment (11/08/09)

The Clinical Journal of Pain just published a case study that evaluates the impact of fibromyalgia on hippocampal brain metabolite ratios. Researchers at the Department of Family Medicine, Anesthesiology and Psychiatry at Louisiana State University's Biomedical Research Institute based this case study on the results of previous studies that used single voxel magnetic resonance spectroscopy (1H-MRS) to reveal an association between fibromyalgia and disruptions in hippocampal brain metabolite ratios in fibromyalgia patients with no psychiatric conditions. The hippocampus is an area of the brain located in the temporal lobes and near the amygdala. It is part of the limbic system and is involved in long-term memory (it's the first area to be affected by Alzheimer's Disease) as well as spatial navigation. It is extremely vulnerable to stress.

Exposure to stress is considered a risk factor for the development and exacerbation of fibromyalgia symptoms. Basic science has demonstrated the hippocampus to be exquisitely sensitive to the effects of stressful experience, which results in changes including alterations in metabolite content and frank atrophy.

The case study detailed in the report is of a 47-year old female fibromyalgia patient who, when evaluated, was shown to have a "profound depression of the ratio of N-acetylaspartate to creatine in her right hippocampus" when she participated in another study assessing brain metabolite disturbances in fibromyalgia. This irregularity had been diagnosed using single voxel proton magnetic resonance spectroscopy. The research team came up with an individualized treatment strategy based on the "physiological abnormalities associated with the disorder and symptoms that characterized the patient's unique clinical profile." What they discovered upon evaluating her after nine months of treatment was an "improvement in her clinical profile and normalization of the NAA/Cr ratio within her right hippocampus." The researchers concluded that: Therapeutic strategies aimed at demonstrable lesions associated with fibromyalgia appear to represent rational targets for pharmacological intervention. The rationale for development of novel pharmacotherapies for this unusual disorder is discussed. Study Details: Clin J Pain. 2009 Nov-Dec;25(9):810-4. PMID: 19851163.

Fibromyalgia Impact Questionnaire

A very important tool for the manual therapist in their treatment of Fibromyalgia is the FIQ or Fibromyalgia Questionnaire. This is the tool recognized for use in clinical trials around the world, and therefore is the major current tool to measure changeable outcomes for your client.

It was developed by Dr. Robert Bennett in the 1980's in Portland Oregon in an attempt to capture the total spectrum of problems related to fibromyalgia and the responses to therapy. It was first published in 1991 and since that time has been extensively used as an index of therapeutic efficacy. Overall, it has been shown to have a credible construct validity, reliable test-retest characteristics and a good sensitivity in demonstrating therapeutic change. The original questionnaire was modified in 1997 and 2002, to reflect ongoing experience with the instrument and to clarify the scoring system. The latest version of the FIQ can be found at the web site of the Oregon Fibromyalgia Foundation (www.myalgia.com/F I Q/F I Q). The FIQ has now been translated into eight languages, and the translated versions have shown operating characteristics similar to the English version.

Based on an intake questionnaire used in the OHSU Rheumatology Clinic and informal discussions with fibromyalgia patients, the initial version of the FIQ was developed in 1986. In particular, the functional component of the questionnaire was purposely biased to the use of large muscle groups rather than fine hand movements.

Make sure you download the questionnaire and thoroughly read the research behind the study, as it will allow you the insight about how the questions were formed and why they were asked. In particular the scoring is designed to target physical functioning versus physical impairment. The categories are such as to ascertain how ADL activities of Daily Living are affected.

Every client should be filling out this questionnaire and then you actually have the 'research tool' in your hand to validate and contribute to studies and findings from a research perspective.

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Focus on Modality

Use of Aromatherapy as a Complementary Treatment for Chronic Pain

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Smell is a potent wizard that transports us across a thousand miles and all the years we have lives.

- Helen Keller[1]

Chronic pain consumes approximately $70 billion USD per year and affects some 80 million Americans. Increasingly, aromatherapy has been used as part of an integrated, multidisciplinary approach to pain management. This therapy is thought to enhance the parasympathetic response through the effects of touch and smell, encouraging relaxation at a deep level. Relaxation has been shown to alter perceptions of pain. Even if one ignores the possibility that essential oils have pharmacologically active ingredients - or the potential pharmacokinetic potentization of conventional drugs by essential oils - aromatherapy might possibly play a role in the management of chronic pain through relaxation. Clinical trails are in the early stages, but evidence suggests that aromatherapy might be used as a complementary therapy for managing chronic pain. As such, this article examines the potential role of clinical aromatherapy as a complementary therapy in the care of patients with chronic pain. Although the use of aromatherapy is not restricted to nursing, at least 1 state board of nursing has recognized the therapeutic value of aromatherapy and voted to accept it as part of holistic nursing care (Altern Ther Health Med. 1999;5(5):42-51)

Aromatherapy is thought to work as psychological, physiological, and molecular levels, "reintegrating" mind, body, and spirit through touch and smell. The effects of aroma and touch can occur rapidly, and be either relaxing or stimulating depending on ones previous experience as well as the chemistry of the essential oils used. Aromatherapy is used in pain management and to help enhance quality of life.

This article aims to assess the use of aromatherapy in pain management. It begins by defining aromatherapy, and then follows with an explanation of how aromatherapy could be used with or without touch. A discussion of trails involving aromatherapy and their effects on pain is presented, with a table of essential oils thought to have analgesic properties.

AROMATHERAPY

Two thousand years ago, plants such as Salix (Willow) and Populus (Poplar), which is part of the willow family, were used to ease pain. [2] Although R.M. Gattefosse, [3] the grandfather of modern aromatherapy, writes that "almost all essential oils have some analgesic properties," some essential oils appear to provide more relief than do others. The manner of administering essential oils is also important; touch, for example, is an excellent therapeutic medium. The application of diluted essential oils in a gentle massage is known to be extremely relaxing.

Aromatherapy is the therapeutic use of essential oils, whether absorbed via the skin or olfactory system or taken internally. However, when essential oils are taken internally, the therapy is generally thought to be part of herbal medicine, not aromatherapy. Essential oils are defined as steam distillates obtained from aromatic plants, or expressions from the peel of citrus fruits. [4] Any other method does not produce an essential oil. [5] Extracts are usually obtained with petrochemical solvents. These are not suitable for clinical aromatherapy because it is impossible to remove all the solvent and petrochemical solvents may cause an allergic or sensitizing reaction. Likewise, because fewer that 5% of the approximately 70000 synthetic chemicals (many of which are frequently used by the perfume and pharmaceutical trade) have been evaluated for their long term side effects on human health, [6] it might be advisable to avoid synthetic aromas.

THE EFFECTS OF AROMA

The effects of aroma have instant reactions: just thinking about smell can sometimes be as powerful as the actual smell itself. [7] Essential oils are highly complex and are made up of many different chemical components or molecules. These molecules travel via the nose to the olfactory bulb and on to the limbic system of the brain, an inner complex ring of brain structures below the cerebral cortex that are arranged into 53 regions and 35 associated tracts. [8] Of these regions, the amygdale and hippocampus are particularly important in the processing of aromas.

The amygdale governs our emotional response. Diazepam is thought to reduce the effect of external emotional stimuli by increasing inhibitory neurons containing y-aminobutyric acid in the amygdale. [9] Lavandula angustifolia (true lavender) is thought to have a similar effect on the amygdale, producing a sedative effect similar to that diazepam. [10] This is interesting when one considers that tricyclics or benzodiazepines, which are commonly used by orthodox medicine to treat chronic pain, also inhibit the action of nocicptor neurotransmitters. Lavandula angustifolia is a common essential oil used topically for pain relief and appears to enhance the effect of orthodox pain medication.

The memory of smell takes place in another part of the brain - the hippocampus, which is involved in the formation and retrieval of explicit memories. [9] This is where chemicals in an aroma trigger our unique repository of learned memories. Smell is very important in our lives, beginning with the newborn baby's identification of its mother [11]and continuing into old age. In fact, studies have shown that depression among the residential elderly can be reduced with the aromas of fruit and flowers. [12]

Aromas have measurable effects on how we feel. Torii et al have reported on the psychologically stimulating effects of jasmine- effects that were replicated in Bardia and colleagues research sleep.[14] Manley[15] reports on both the psychologically stimulating effect of lemon, lemongrass, peppermint, and basil and the relaxing effects

of bergamot, chamomile, and sandalwood. Other aromas found to be relaxing include rose and lavender. [16] Peppermint and lavender were found to improve efficiency among proofreaders. [17] Citrus was found to relieve depression and improve immune function. [18] Sweet orange essential oil was found to be effective in both induction of anesthesia and recovery time in children. [19]

The effect of odors on the brain has been 'mapped' using computer-generated topographics. These brain electrical activity maps indicate how subjects linked to an electroencephalograph psychometrically rate odors presented to them. [20] Smells can have a psychological effect even when the aroma is below the level of human awareness. Lorig[21] reported on the effects of subliminal smell (below consciousness) of vanilla, which was found to elicit positive alternation in mood.

METHODS OF USING AROMATHERAPY

Essential oils can be absorbed into the body in 1 of 3 ways: (1) through the olfactory system (ie, without touch); (2) through the skin in baths, compresses, massage, and so on (ie, with touch); and (3) through the mouth (generally accepted as aromatic medicine, which requires the training/prescription of a primary care provider).

Aromatherapy Without Touch

Aromatherapy without touch includes the methods of direct inhalation. Direct inhalation means an essential oil is directly targeted to the patient. This can be achieved by placing one to five drops on a tissue and asking the patient to inhale slowly and rhythmically for five to 10 minutes. Steam can enhance the use of directly targeted essential oils if the oils are floated on top of a bowl of very hot water. This is a very useful method for patients with sinusitis and upper respiratory infections. Indirect inhalation includes the use of nebulizers and vaporizers that can be battery or electrically operated and may or may not include the use of water. The essential oils are broken down into a micro mist that disperses easily into a room within minutes. Spritzers are mixtures of essential oils and water. The mixture must be shaken vigorously before use, because essential oils are nonsoluable in water. Indirect inhalation can be an excellent method of targeting a psychological response such as depression.

Aromatherapy with Touch

Aromatherapy using touch is particularly important in the treatment of pain; However, the acceptance of touch (skin on skin) depends on culture, education, experience, and expectation. [22]

Cultures that encourage touch will be far more comfortable with aromatherapy that uses touch than will cultures in which touch is ritualized or not accepted. If a patient has experienced physical abuse, even gently touch can be seen as a potential threat. Physical touch (except when very gentle) may be contraindicated for bony metastases. Even gentle touch may be unacceptable to some psychotic patients or patients with dementia or Alzheimer's disease.

Aromatherapy can be used topically, either in the form of compresses for specific pain sites or in various kinds of therapeutic baths such as foot, hand, sitz, or full baths; or in a gentle massage. [23]

In each method one to five drops of essential oils are diluted before use. For compresses or massage, the essential oil or oils can be diluted in a cold-pressed vegetable oil, cream, or gel to give a 1% to 5% dilution. In a bath, the essential oil should be diluted in a little milk before adding to the bath, because essential oils are nonsoulable in water and float on the surface undiluted, causing an uneven treatment. Essential oils are highly concentrated and should not generally be used undiluted on the skin.

Gentle friction encourages the essential oils to be absorbed through the skin into the bloodstream. [24] Touch has been described as "the first and most fundamental means of communication." [25]

Slow stroking has been shown to improve a patient's ability to relax [26] and to make pain more bearable. [27] Barnett [28] reported that the critically ill patients were, the less they were touched. This means that sicker patients may literally feel starved of the comfort of physical touch. Sanderson and Carter [29] write "through touch, nurses can reach, soothe and relax people when other approaches may not be suitable." Although some nurses are training in massage, many orthodox health professionals are not comfortable with anything other than procedural or diagnostic touch. However, another form of touch that is excellent for applying dilute essential oils topically is both fast and easy to learn. It is called the "m" technique.

AROMATHERAPY AND PAIN

Nurses and healthcare workers throughout the world use aromatherapy for reduction of pain and stress [30-41] despite a shortage of formal published research. This lack of published research might be due to the fact that most healthcare professionals are not trained in research or because funding is difficult to secure for a therapy that uses natural substances that cannot be patented. The analgesic effects of aromatherapy are thought to be caused by several factors:

- A complex mixture of volatile chemicals reaching the pleasure memory sites within the brain
- Certain analgesic components within the essential oil (which may or may not be known) that affect the neurotransmitters dopamine, serotonin, and noradrenalin at receptor sites in the brain stem

- The interaction of touch with sensory fibers in the skin, which could possibly affect the transmission of referred pain
- The rubefacient effect of baths or friction on the skin

A REVIEW OF RESEARCH ON THE USE OF AROMATHERAPY IN THE TREATMENT OF PAIN

Considerable research exists on the therapeutic properties of essential oils. [42] Antimicrobial properties are well researched, as are antispasmodic and anti-inflammatory effects. Many of these are in vitro studies, some focus on animals, and a few involve humans. The number of studies on the analgesic effects of essential oils used on animals in modest (and scarcely any have been performed in humans), but there is sufficient anecdotal evidence to suggest that aromatherapy could play a complementary role in the control of pain. Indeed, seven years ago a British hospital was offering aromatherapy as an alternative to analgesics. [43]

One of the main problems in conducting clinical studies on aromatherapy is that touch and smell cannot be blinded, and often it is the blend of smell, touch, and human interchange that appear to create the best outcome. On a safety note, small amounts of essential oils are common ingredients in food and drink, and therefore almost every essential oil has toxicology studies showing the oral median lethal dose (LD50) in animals. [44] Because only a few drops of an essential oil are used in aromatherapy treatment (a fraction of the LD50), when used correctly by a trained practitioner this treatment is safe and pleasant to give and receive, and could play a valuable role in managing chronic pain.

Essential oils have therapeutic properties. This has been demonstrated by literally hundreds of animals and in vitro research papers published in peer-reviewed journals. However, it is not clear whether the therapeutic effects shown in vitro and in animal studies will have comparable effects on humans.[45] Until recently, it was thought that permeation of the skin by any therapeutic treatment was impossible [46] - now patch therapy is commonplace. The rate of absorption of essential oils through the skin is increased by rubbing (as in a massage) or heating (as in a bath). [47] For example, components of essential oil of lavender are absorbed within 20 minutes of massage. [48] Inhaled essential oils take effect much faster, reaching the limbic system of the brain via the olfactory bulb within seconds. [49] interestingly, d-limonene, a common component of essential oils, was found to change the barrier structure of the skin, thereby facilitating a more rapid permeation of indomethacin. [50]

HUMAN STUDIES

The odor of most essential oils is pleasurable. And without even taking into account the possibility that essential oils might have analgesic properties, aromatherapy could play an important role in altering the perception of chronic pain. Topical applications of dilute essential oils in the form of a compress or gentle massage can either draw attention to the site of pain or away from it, depending on which phenomenon best addresses the patients psychological needs.

Essential oils are frequently used for the topical treatment of pain. It is thought that one of the topical treatment of pain. It is thought that one of the components in essential oils that produces the analgesic effect is 1,8-cineole, otherwise known as eucalyptol. In the study by Weyers abd brodbeck, [51] the analgesic effects of 1, 8-cineole were analyzed on skeletal muscles, then the muscles were tested to determine whether effective amounts of 1, 8-cineole could be measured in the target area following topical application. [51] The results showed that 1, 8-cineole had a beneficial effect that was 320% greater when using an applicator as opposed to an occlusive dressing. This suggested that friction allowed greater penetration of 1, 8-cineole (Table 1).

TABLE 1 Essential oils in which 1,8-cineole is found

Botanical name	Common name	% of 1,8- cineole
Most eucalyptus	Eucalyptus	Varies
Rosmarinus officinalis	Rosemary	<55%
Lavandula latifolia	Spike lavender	<30%
Ravansara aromatica	Ravansara	<61%
Elettaria cardamomum	Cardamon	<53%

Aromatherapy and Children's Pain

In a study of 20 hospitalized children (aged three months and over) with HIV, nurses used aromatherapy to give "comfort and relieve physical pain," choosing a range of essentials oils recognized for their "analgesic and nervine properties." [52] The essential oils chosen were Chamaemelum nobile (Roman chamomile) and L angustifolia. "All the children responded well to these blends which helped to decrease the need for analgesic drugs from paracetamol (acetaminophen) to morphine. Some of the children said their pain had been relieved completely."[52] Discomfort from intermittent muscle spasm (due to encephalopathy) was eased. Chronic chest pain that had been unresponsive to regular analgesia was eased, and painful peripheral neuropathy was alleviated almost completely. This was a descriptive study and no statistical analysis was given.

Styles, [52] whose specialty is aromatherapy in pediatric palliative care, suggests that massage and aromatherapy can easily be used alongside orthodox treatments. She writes that aromatherapy can "enrich the child's experience of hospitalization" and that it "offers a valuable means of comfort and communication for dying children." Essential oils listed by Styles [52] as suitable for children in pain are as follows:

- Lavandula angustifolia- true lavender
- Chamaemelum nobile- Roman chamomile
- Citrus aurantium- neroli
- Citrus reticulate- mandarin
- Santalum album-East Indian sandalwood
- Cymbopogon martini-palma rosa
- Pelargonium graveolens-geranium

Lavender and Pain

Of all the essential oils, perhaps lavender has been the most studied by nurses and allied health workers, through few studies include rigorous statistical analysis. Woolfson and Hewitt [53] found a 50% reduction in pain in their study on the effects of essential oil of lavender (L augustifolia) on 100 patients in a critical care unit. The study was not 'blinded' because smell and touch are difficult to hide. Thirty-six patients were randomly distributed to three groups of 12. One group received massage plus lavender; one group received no massage but rested "curtained off" from the remainder of the unit. Treatment consisted of 20 minutes of foot massage twice a week for five weeks.

Questionnaires documenting pain, wakefulness, heart rate, and systolic blood pressure were completed by the investigators, limiting the validity of the study. Observations were taken before and immediately following the intervention and up to a half hour later. Fifty percent of the patients artificially ventilated; therefore, the effects of the essential oil could not have resulted from inhalation. The most striking difference between the group receiving massage with lavender (group A) and those without lavender (group B) was in the effects on heart rate. Ninety percent of those in group A showed a reduction (which was consistently less). Only 41% of the control group showed any reduction. The study provides no formal statistics or analysis.

Lavender and Arthritis

Brownfield [54] studied the effects of aromatherapy and massage on nine inpatients with rheumatoid arthritis in a quasi-experimental design. This was a randomized controlled study using a visual analog scale (VAS) as the measurement tool. Intervention was a 10-minute upper neck and shoulder massage, with or without L angustifolia, carried out on two consecutive evenings, Inclusion criteria were as follows:

- Diagnosis of rheumatoid arthritis in accordance with the American Rheumatoid Association
- Aged than 18 years
- Disease duration of more than 2 years

The quantitive results did not reveal any reduction in pain levels following massage with or without lavender. However, the interviews showed that those patients receiving massage with lavender oil were able to reduce their intake of analgesia. The author concluded that the apparent contradictory findings were due to the fact that many patients with rheumatoid arthritis "have difficulty distinguishing pain from stiffness." [54]

Patients also reported that they slept better or were able to roll over in bed. Five of six patients expressed a desire for further aromatherapy treatment. This study is limited because (1) the researcher interviewed the subjects and may have biased them to "approve" of the treatment, and (2) the patient population was very small. However, the study does highlight the idea that perception plays an important role in pain and that this perception can be affected by touch and smell.

Lavender and Ability to Cope in Critical Care

In a randomized controlled study of 122 patients in a critical care unit, Dunn and colleagues [55] showed that the aromatherapy group felt "less anxious and more positive" following aromatherapy massage with 1% L angustifolia compared with those who received straight massage, or the control group, who simply "rested." Assessments before and after the therapy were conducted by a nurse who did not take part in the care of the individual patients and did not carry out the intervention. This was an attempt to avoid bias and to blind the assessors.

A modified assessment tool developed specifically for intensive care patients who are unable to respond verbally was used. [56] This included both positive and negative responses based on a range of observable behaviors including motor activity, somatic changes, and facial expressions. The range of behaviors was categorized into a 4-point scale and the assessment was tested before the trail by eight independent nurses who observed three specific patients and completed assessment scores for each of them. This exercise was repeated three times. There was good agreement in scoring. A pilot study on 30 patients was then carried out before the main study on 30 patients was then carried out before the main study on 122 additional patients.

Conscious patients (who were able to respond) used a further 4-point scale to assess their levels of anxiety, mood, and ability to cope. Although no statistical difference was found in physiological parameters, it could have been because those patients who fell asleep during the aromatherapy massage were not awakened to collect data. However, patients in this group (when they woke up) felt more able to cope. Areas used for massage were legs, arms, back, and shoulders. This was one of the first studies carried out by a nurse in a hospital setting. Although it does not measure pain per se, by measuring ability to cope the study indicates when the patient has an altered perception of pain.

Chamomile and Pain in Cancer

In a randomized study, Wilkinson [57] investigated the effects of 1% C nobile on 51 patients with cancer. Patients in the sample were aged from 26 to 84 years. A total of 94% of the participants were female and 6% were male. Fourty-one percent had been referred for pain control. During the study, 45% of patients were receiving morphine, with the remainder on weak opiods, nonopiodis, or no treatment. Seventy-six percent of the participants had metastases. Mann-Whitney U tests on all independent variables revealed no significant differences between conditions in the pretest scores for the Rotterdam Symptom Checklist (RSCL) on physical or psychological symptoms, activities, and top 10 symptoms.

The RSCL is a 39-item scale that has been widely used as a brief measure of quality of life among cancer patients. It covers essential important domains of psychological distress, physical status (disease-and treatment-related items), functional status, and global quality of life. The RSCL has 3 subscales including one global question: "How would you describe your quality of life during the past week?" Responses range from "excellent" to "extremely poor." The psychological symptom subscale contains eight symptoms. Respondents are asked to indicate the frequency with which they have experienced each symptom in the past week on a 4-point scale ranging from "not at all" (0) to "very much" (3). The possible range of scores on this scale is therefore 0 to 24. The physical symptom subscale contains 22 symptoms, so scores on this scale range from 0 to 66. The third subscale assesses whether respondents are able to perform 8 activities given their condition in the past week. Responses range from "unable" (0) to "without help" (3). The possible range of scores on this subscale, then, is 0 to 24.

The other measurement was the Speilberger State Trait Anxiety Inventory. Both measurements were taken immediately before and after a full body massage. The massage was repeated once a week for three weeks. The study is ongoing and only preliminary results from the first 51 patients were presented. Data were analyzed using the Statistical Package for the Social Sciences, [58] and nonparametric tests were employed for all statistical analysis. Scores on the Speilberger inventory fell by an average of 16 points in the aromatherapy massage group, but only 10 points in the plain massage or standard group (P=.005). Reduction in tension, anxiety, and pain was statiscally significant (P=.003). One patient said, "I know now, almost definitely, that it [aromatherapy] has helped me in my quest for pain relief. Since my last massage over two weeks ago I have started to have pain again. I have told Dr R at the pain clinic how pain free I was whilst having regular [aromatherapy] treatment."

The only essential oil used was C nobile, which is thought to have relaxing and analgesic effects. It would be interesting to repeat the study using other essential oils with recognized analgesic properties. Because outcomes were measured one week after the treatment, this suggests that aromatherapy using Roman chamomile can have a lasting effect on pain.

Marigold and Pain in Hyperkeratotic Plantar Lesions

The essential oil paste and tincture of Tagetes erecta (African marigold) were tested in a double-blind placebo controlled trail on the hyperkertotic plantar lesions of 30 patients over eight weeks.[59] Exclusion criteria were patients currently taking analgesics and/or tranquilizers on a regular basis; those suffering from diabetes, vascular impairment, psoriasis, active eczema, or plaster allergy; and those who were pregnant. The inclusion criterion was a painful, hyperkertotic plantar lesion of long-standing duration (more than two years). Participants were aged 20 to 70 years. The placebo group of 10 patients had tincture once a week at a clinic (with no active ingredients applied over the lesion), whereas the other two groups had marigolds essential oil paste applied with or without protective pads once a week. The size of the lesion was measured by an independent assessor before treatment began on each visit; a "pain diary" completed by each subject was also assessed.

After four weeks of treatment, all groups were given either tincture or essential oil (placebo or mixture) for home massage for an additional four weeks. A numerical VAS was used in the study. On scale, which numbered from 0 to 10, zero represented no pain and 10 represented the worst pain. The marigold essential oil therapy with protective pad was found to be effective in the reduction of corn and callus width using an unrelated t test (callus width, t = 11.7586; n = 10). The results showed a significant difference ($p<.001$).[59] The treatment also reduced pain level and shortened the duration of pain (level of pain, t=5.0853; n = 10). The results showed a statistically significant difference (P<.001). However, even without a protective pad, the marigold essential oils group improved considerably more than did the control group. Interestingly, aromatherapy was not mixed with massage in this study.

Peppermint and Headaches

Smooth muscle contraction that is induced by both 5-hydroxytryptamine (serotonin) and substance P is inhibited (noncompetitively) by peppermint (Mentha piperita) in animal models. [60] Peppermint was the subject of a randomized, double-blind, crossover study on headaches in human studies in 1994.61 Four test preparations were used: (1) 10 g of peppermint, 5 g of eucalyptus in 90% ethanol; (2) 10 g of peppermint and a trace of eucalyptus in 90% ethanol; and (4) traces of peppermint, traces of eucalyptus, and 90% ethanol. The personality traits of the subjects

were recorded using the Freiburg Personality Inventory.

Pain was induced in 32 healthy humans using three separate methods: pressure, thermal stimuli, and ischemic stimuli. [62] Pressure was exerted with a mechanical pressure algesimeter standardized to Cz (the central midline placement of electrodes in electroencephalography). Heat was induced with a 15- ceramic resistance that was fixed to the subject's forehead above the root of the nose; the temperature in the resistance increased until the subject felt pain. Ischemic stimuli were supplied by means of an inflatable collar placed around the subject's cranium and inflated to 200 mm Hg to reduce blood circulation to the pericranial muscles.

The intensity of pain, neurophysiology, performance related activity, and mood states were monitored. Pain was measured using a numeric scale from 0 to 50. This scale was subdivided into the following verbal categories: 0= no pain, 1 to 10 = very slight pain, 11 to 20 = slight pain, 21 to 30 = moderate pain, 31 to 40 = strong pain, and 41 to 50= very strong pain. The test was broken off whenever the pointer (used by the subject to register his or her pain) reached 50. Electromygraphic activity of the temporal muscle was measured for 1 minute after a five-minute relaxation period under relaxation. Exteroceptive suppression periods were measured with an electrical stimulus (20mA, 0.2 ms) applied to the right labial commissure; the electromyogram of the temporal muscles was measured during maximum contraction of the masticatory muscles. [63] Contingent negative variation was measured for neuronal effects. [64] In addition, mood was monitored using Janke and Debus's adjective list. [65]

The results showed that peppermint, when diluted in ethanol and applied topically with a sponge. Produced a significant analgesic effect (P<.001). Ethanol alone caused a significant increase of 38.9% in thermal pain sensitivity (P<.05). In another study, Gobel et al66 write that "local application of peppermint oil generates a long-lasting cooling effect on the skin, caused by a steric alteration of the calcium channels of the cold-receptors." This raises questions about what kind of patient population would be prepared to accept pain unless they were sure the pain was going to be relieved!

Peppermint and Arthritic Pain

Krall and Krause67 conducted an open, randomized study of 100 patients to evaluate the effects of a gel containing peppermint oil (30%) on periarticular pain. Effects on the peppermint gel measured in acute (n=49) and subacute (n=51) conditions compared to the standard hydroxyethyl salicylate gel (10%). Intensity of pain tenderness on pressure, spontaneous pain, and movement pain were examined using a VAS over a period of 20 days (scale, 0=no symptom to 100=sever symptom). The results of this comparative study deepened ib the severity of symptoms. No statistical details were provided. In 78% of cases, both the physician and patient considered the results with the mint therapy to be highly effective, as opposed to 50% and 34%, respectively, with the standard gel. Ten side effects were found with the hydroxyethyl salicylate gel (three of erythema, seven of itching) and only one (smell of peppermint in the nose) with the mint oil.

Rose in Cancer With Bone Metastases

Ritter[68] writes of the positive effects of aromatherapy for a patient with bladder cancer and bone metastases. Her patient was in severe pain (8 on the Numeric Pain Intensity Scale) despite having a patient-controlled analgesia of morphine. Positioning the patient in bed became a challenge, because no position appeared to alleviate her discomfort. She became withdrawn and her muscles became tight from attempting to "hold" her pain. Discovering the patients love of gardening, Ritter mixed lavender and rose essential oils together and applied two drops to a cotton handkerchfied that was pinned to the patient's nightgown. The effect was almost instant- the patient took some deep breaths, opened her clenched fists, and smiled for the first time in many weeks. This treatment was repeated every four hours and an electronic diffuser was used at night. The aromas of the patient's garden appeared to alter her perception of pain, and although the terminal nature of her disease was not affected, the quality of her life appeared to be considerably improved.

Brief Overview of Animals Studies

The anti-inflammatory and analgesic effects of cardamom were found to be comparable to those of indomethacin and aspirin in a study involving rats.[69] Twenty-four rats were divided into four groups. The first group received a saline injection, the second group received indomethacin, and the third and fourth groups received cardamom oil in two different doses. One hour later the rats were injected with carrageenan to induce hind paw edema. Three hours later the rats were decapitated and the right and left paws were cut off and weighed. The percentage increase in the weight of the carrageenan-injected paw compared to the other paw was determined for each animal, from which the anti-inflammatory action of cardamom was calculated. The analgesic property was tested in the writhing of mice. Different groups of eight mice were given varying doses of aspirin or cardamom oil. One hour later the animals were injected with the irritant p-Benzoquinone and observed for one hour. The number of times the animals writher was counted. The analgesic activity was calculated from the number of animals with "protection" who did not writhe divided by the "unprotected" animals who did.

Bergamot was found to have analgesic and anticonvulsant properties in animal experimentation. [70] This experiment used "cold-pressed" bergamot oil, which contains some nonvolatile residue. Mice were injected with acetic acid into the peritoneal cavity to induce withering. Nociception was evaluated by counting the number of abdominal constrictions for 15 minutes after the acetic acid injection. Data were analyzed by analyses groups of variance and Fisher exact test. Differences between groups were regarded as significant at level of P<.05. The control group received saline injections. The researchers concluded that expressed bergamot oil had analgesic properties. [70]

Origanum onites (Turkish marjoram)[71] was found to have a dose-dependent analgesic activity in other, similar animal studies comparable to that of morphine and fenoprofen calcium. [72] The component thought to produce the analgesic effects was carvacrol [73] (Table 2).

TABLE 2 Essential oils with high percentages of carvacrol [73]

Botanical name	Common name	% of 1,8- cineole
Origanum vulgare	Oregano	<84%
Satureia horlensis	Summer savory	<67%
Thymus vulgaris	Thyme	<44%

West Indian lemongrass (Cymbopogan citatus) essential oil was shown to have a marked analgesic effect (and also appeared to enhance the effect of morphine) in an animal study carried out by Seth and colleagues. [74] The study involved rats and demonstrated analgesic effect similar to peripheral acting opiates. [75] In this study by Lorenzetti et al, [75] lemongrass tea was found to have an analgesic effect on the peripheral area, not on the central nervous system, which was remarkable considering that the tea was administered orally- to rats. The analgesic effects did not lead to tolerance over five days (which would have occurred with a narcotic). The isolated active component was found to be myrcene. This is particularly interesting considering that Seth and colleagues [74] also investigated Cymbopogan nardus (East Indian Lemongrass) and found it to be less effective as an analgesic. C nardus contains considerably less myrcene than does C citratus.[76] Lorenzetti and colleagues [75] concluded their article with the suggestion that terpenes.

Should be investigated with the "possibility of developing a new class of analgesic with myrcene as the prototype." Myrcene, a monoterpene, is found in a number of essential oils such as rosemary, frankincense, juniper, rose, ginger, and verbena[77]- all of which have traditional analgesic qualities.

The idea that all terpenes have some analgesic properties is repeated in two books written or cowritten by leaders in the field of aromatherapy - Price[78] singles out paracymene as particulary noteworthy. Small amounts of cymene are found in lemon, angelica, frankincense, eucalyptus, and sweet marjoram; para-cymene-8-ol, is found in black pepper. Terpenes are found in all essential oils in varying amounts.

Clove (Syzygium aromaticum) and its man component, eugenol, have a long history of use as local anesthetics and analgesics. [79] Only one animal study was found to be five times more potent than aspirin in a study, eugenol was found to be five times more potent than aspirin in a study on carrageenan-induced paw edema. [80] Eugenol is listed in The Merck Index as a dental analgesic. [81] (For a list of essential oils with a high percentage of eugenol, see Table 3.)

Clove oil should always be used with care. Clove is not recommended for patients taking anticoagulant drugs such as aspirin, heparin, or warfarin. [73] Diluted clove oil can be used prior to inserting intravenous cannulas to numb the area. Clove oil has added benefit of being a rubefacient and may there fore prove useful when veins are difficult to find.

Essential oil of Psidium guineense (Brazilian guava) was found to have clinical analgesic activity in animals, thereby supporting the anecdotal use of the leaf oil for localized inflammatory pain. [82] The analgesic action was thought to be due to the presence of terpenes and 1,8-cineole (40.5%). In the formalin test (considered a valid model for clinical pain), essential oil doses of 100, 200, and 400 mg/kg produced effects similar to those of morphine. Naloxone hydrochloride antagonized the antinociceptive effect of morphine, but failed to modify the response of essential oil. In another test with acetic-acid-induced withering, Psidium inhibited the writhing response almost to the same degree as did acetylsalicylic acid (78%) at 250 mg/kg.[82]

Historical records suggest that myrrh (Commiphora molmol) was given as pain relief to those about to be crucified during the pre-Christian era. [83] In an animal study carried out in 1996, mice were placed on a metal hot plate (at 52 C) to test the analgesic effect of myrrh. Mice that had been treated with suspension of ground myrrh (from C molmol) showed less "withering" and licking of paws" (P=.01).84

Other Essential Oils With Analgesic Properties

Benzoin, camphor, clove, coriander, ginger, lemongrass, majoram, black pepper, pine, savory, and ylang-ylang are listed by aromatherapists as having analgesic properties.[85]

Other suggest that white birch, chamomile, frankincense, wintergreen, clove, lavender, and mint have these qualities.[86] However, wintergreen and white birch would be contraindicated due to their potential toxicity- they both contain large amounts of methyl salicylate, which can be absorbed transdermally. A total of .5 ml (10 drops) of either essential oil is equivalent to 21 aspirins, which could cause poisoning and systemic toxicity. Others suggest that mandarin is useful for pain (Table 4).

Potential Untoward Effects

If essential oils do indeed have pharmacologically active ingredients, theoretically they might negate or enhance the effects of orthodox drugs, just as an alcoholic beverage increases the effect of a sleeping pill.[87] Tisserand and Balacs, [73] authors of Essential Oil Safety, write that the very small amounts of essential oils used in conventional aromatherapy are "unlikely to interact with orthodox medication." However, this area of study is under investigated. In animal studies, C citratus was found to potentiate the effects of morphine.[74]

Certain essential oils should not be used in some himan conditions. For example, stimulants such as spike lavender or rosemary should be avoided in hypertension and patients with seizures. Essential oils containing high percentages oh phenols may cause dermal irritation is used undiluted. To use aromatherapy clinically, health professionals should be required to complete a course that is clinically based.

ADAPTOGENS

The human body is controlled by extremely delicate mechanisms that rely on hormonal and chemical communication. Each person has slightly different body chemistry requiring different things to achieve homeostasis. Therefore, the components within an essential oil may produce different reactions from one person to the next, depending on the availability of receptor sites. [89] This adaptogenic ability to produce different reactions from person to person is shared by most herbal remedies. An essential oil may work as a hypotensor if that is what is required for homeostasis- or it may not if the blood pressure is normal in that person.

TABLE 4 Essential oils with analgesic properties that are safe to use

Common name	Botanical name	Method of Application
Black pepper	Piper nigrum	T
Clove bud	Syzgium aromaticum	T
Frankincense	Roswellia carteri	I, T
Ginger	Zingiber officinale	T
Juniper	Juniperus communis	T
Lavender (spike)	Lavandula latifolia	T
Lavender (true)	Lavandula angustifolia	I,T
Lemongrass	Cymbopogon citratus	I, T
Marjoram (sweet)	Origanum marjorana	I, T
Myrrh	Commiphora molmol	T
Peppermint	Mentha piperita	T
Rose	Rosa damscena	T
Rosemary #	Rosmarinus officinalis	I, T
Verbena	Aloysia triphylla	I, T
Ylang-Ylang **	Cananga odorata var genuine	I
Particularly suitable for children		
Chamomile (Roman)	Chamaemelum nobile	I, T
Geranuum	Pelargonium graveolens	I,T
Mandarin	Citrus reticulate	I,T
Neroli	Citrus reticulala	I,T
Palma Rose	Cymbopogon martini var motia	I,T
Sandalwood	Santalum album	I,T

- Clove bud is safer than clove leaf, which is high in phenols. Phenols can be dermacostic.[91]
- Clove bud should not be used with patients on anticoagulant therapy. [80]
- The CO2 extraction contains gingerol, which is thought to have analgesic action. [92]
- Spike lavender is a stimulant and should not be used in high concentrations on sensitive skin. [73]
- Peppermint should not be used by patients on quinidine to stabilize atrial fibrillation. [94]
- Rosemary is a stimulant and should not be used in patients with hypertension or epilepsy. [95]
- Ylang-ylang enhances the dermal absorption of 5-fluorouracil by 7 times. [96]

T indicates topical application (2 to 5 drops diluted in a compress or in a carrier oil for massage); and I, inhaled application (2 drops on cotton ball inhaled for 5 to 10 minutes).

SUMMARY

Clinical aromatherapy could play an important complementary role in the treatment of chronic pain. Although the use of aromatherapy is not restricted to nursing, the Massachusetts Nursing Board has recognized the therapeutic value of aromatherapy and voted to accept it as part of holistic nursing care. Still, it is not yet know whether aromatherapy achieves its clinical efficacy as a result of the placebo response, the effect of touch and smell on the parasympathetic nervous system, the learned memory of aroma, the pharmacokinetic potentization of orthodox drugs by essential oils, or the pharmacologically active ingredients within the essential oils, or the pharmacologically active ingredients within the essential oils that have analgesic effects.

However, in the hard world of pain, aromatherapy can offer a soft approach. It is an approach of compassion- one that allows the patient and carer to "be" with one another. We are a race of human beings, but we are so entrenched in "doing" that we have forgotten how to "be" until pain draws us up short. To many, "being" is a difficult lesson to learn. Touch and smell, the two senses that are so important in childhood, can help us learn how to "be" with chronic pain. Perhaps aromatherapy, which allows receiver and giver to "be," is one of the kindest therapies we can offer. Perhaps, too, this therapy could help put the "care" back into healthcare and the "hospitality" back into hospitals.

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NOTE

NHPC's Medical Malpractice Insurance excludes insertion of fluids, chemicals or foreign objects into bodily orifices, including colonic irrigations, naturopathy, advice relating to the ingestion of herbs, nutritional supplements, plant medicine or chemical substances

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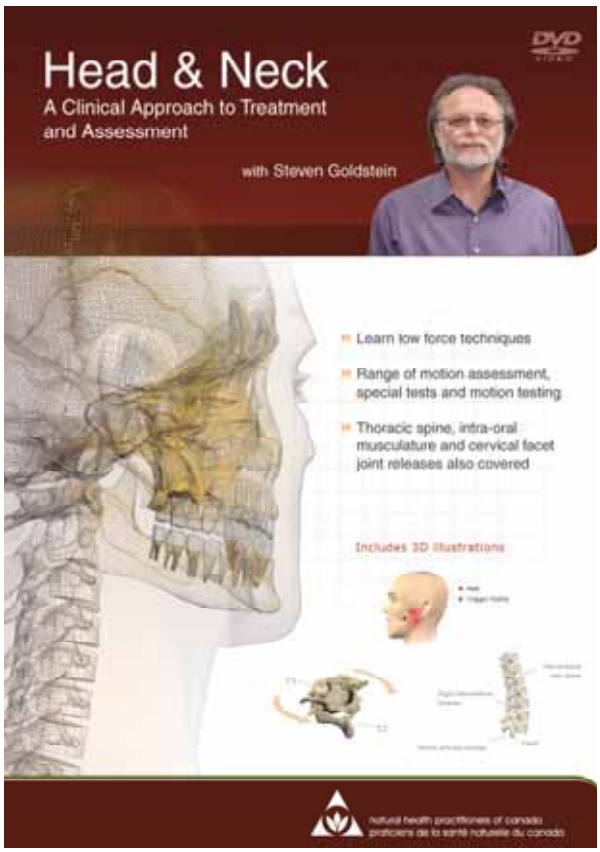
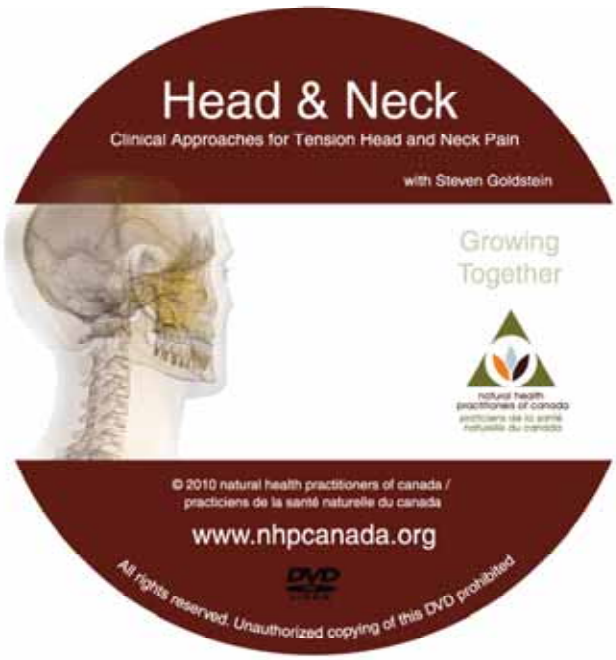


Head, Face & Neck Pain: Alternative Clinical Approaches for Assessment and Treatment has been produced by NHPC in cooperation with internationally renowned massage therapy educator Steven Goldstein. Steven says that he "Offers what I hope will be alternatives to what practitioners already know about treating the head and neck. And at the same time, create a revision of some existing assessment protocols. The DVD teaches assessment of myofascial lines of tension according to the lines presented by Thomas Myers in Anatomy Trains. We also look at Jeffrey Maitlands approach from Spinal Manipulation Made Simple, and look at indirect cervical spine motion testing, which actually becomes treatment."



Within the next few months, NHPC will release **Head, Face & Neck Pain: Alternative Clinical Approaches for Assessment and Treatment**. This DVD is is the first of a series of NHPC produced educational DVDs designed to meet the learning needs of the over 66 modalities represented by the association.

All NHPC DVDs will be offered for sale through the NHPC online Marketplace (coming in the fall 2010!). Check your mailboxes for more information as it becomes available.

NHPC National Workshop Series

½ day Workshops

Anatomy Review *presented by Bob Cross*

This workshop is designed to give all therapists a review of Anatomy, no matter which domain you practice within. After feedback from practitioners we are pleased to offer you the chance to take this workshop on it's own or in conjunction with Demystifying Ethic and Professionalism. Bob Cross has been a teacher in various aspects of massage therapy, presenting anatomy, physiology, musculoskeletal kinesiology and remedial exercises. He is currently working with the Department of Continuing Education, Extensions and the Center for Complimentary Health Education with Mount Royal College.

When, Where & Cost?

All classes run from 8am to 12:30pm
Anatomy Review cost $200
Toronto – Saturday March 6, 2010
Calgary – Saturday March 27, 2010
Edmonton – Saturday October 2, 2010

A half-day Anatomy review workshop will be offered in conjunction with the Demystifying Ethics and Professionalism Workshop in select cities

1 day Workshops

Low Back Pain Assessment and Treatment: A Massage Therapy Approach *presented by Adena Mai-Jardine*

This interactive one day workshop will provide the Therapeutic Massage Therapist with an in-depth review of the anatomy of the lower back and pelvis, the theoretical and practical processes involved with an orthopedic assessment including postural analysis, palpation, range of motion testing, neurological testing and orthopedic tests. Also to be discussed and practiced, therapeutic massage techniques for muscles commonly attributed to lower back and pelvic pain. Each Therapist will be asked to invite a family member or friend to attend a public clinic in the latter half of the course in order to practice their assessment skills.

When, Where and Cost?

Sept 25, 2010 - Edmonton 9am – 4pm - $250

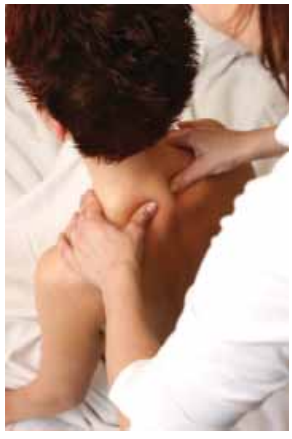
2 day Workshops

Stretching for the Natural Health Practitioner: How to stretch a client in a clinical situation *presented by Bob Cross*

This weekend course will cover both the physiology and practical application of stretching. The focus will be on learning specific stretches for individual muscles. Anatomy and hands on experience will be advantageous for those participating but not a must. In the practical session you will learn the safety precautions that need to be observed; how to position the client, how to protect yourself against injury and the correct mechanics for performing the stretches. Active, passive and PNF stretching will be covered.

When, Where and Cost?

March 13 & 14, 2010 – Calgary – 9am to 4pm - $480
September 11 & 12, 2010 – Edmonton– 9am – 4pm - $480



Visit NHPC's online Centre for Learning for Registration and more information:

www.nhpcanada.org

Contact Erica Jones at the NHPC office at
1-888-711-7701 or ejones@nhpcanada.org

Growing Together

Experts Dialogue about Complementary and Alternative Medicine: First Dr. Rogers Prize Colloquium on Evidence & Integration

There are modern day pioneers among us who display the vision, leadership and courage to challenge the status quo, and put new ideas about human health and healing into practice – sometimes at significant personal and professional expense. They model innovative ways to collaborate across disciplines and healing philosophies, and serve as catalysts to advance the field of complementary and alternative medicine (CAM). They do this despite the seemingly unresolved issues about what 'level of evidence' is required to demonstrate the safety and effectiveness of CAM approaches; or how to 'integrate' CAM with conventional medical treatment so that patients benefit from interdisciplinary, whole person care that focuses on healing and wellness in addition to cure.

The Prize

The Dr. Rogers Prize is a $250,000 biennial award that was established in 2007 to highlight the important contribution that CAM makes to health care in Canada, and to celebrate the work of these pioneers. This year for the first time, organizers of the 2009 Dr. Rogers Prize competition sponsored a pre-gala public colloquium at the Morris Wosk Center for Dialogue in Vancouver to foster networking within the CAM community, and encourage dialogue on 'evidence', 'integration' and other emerging CAM issues. Pre-registration was encouraged for planning purposes, but there was no cost to the 200+ participants who attended. This event exemplified the spirit of the award, and contributed a new element of community building and collaborative learning for the CAM community in Canada. The moderated, three-hour event was centered on a panel discussion with four internationally esteemed CAM experts who were invited to share their past experiences and present ideas on these issues of 'evidence' and 'integration' as they apply to CAM.

2009 Winners of the Dr. Rogers Prize: Dr. Hal Gunn of Vancouver and Dr. Badri (Bud) Rickhi of Calgary

Two practitioners recognized as "agents of change" in the revolutionary movement toward an integrative approach to clinical medical practice have split the $250,000 Dr. Rogers Prize for Excellence in Complementary & Alternative Medicine for 2009.

Dr. Hal Gunn of Vancouver and Dr. Badri (Bud) Rickhi of Calgary were celebrated by their peers at a gala award dinner, held in downtown Vancouver in late September.

Dr. Gunn, a one time student of Dr. Rogers, for whom the prize is named, took the fledgling Centre for Integrated Therapy, created by Dr. Rogers and evolved it into today's InspireHealth, looking after hundreds of cancer patients per year. The InspireHealth approach is a model for integrated cancer care focused not solely on the cancer, but on treating the whole person.

Dr. Rickhi was described as throwing away a promising psychiatric career in the late 1980's when he trained in Traditional Chinese Medicine, Ayurvedic, Japanese and Tibetan medicine. He established the Research Centre for Alternative Medicine, now the Canadian Institute for Natural and Integrative Medicine (CINIM), and played a key role in establishing the Integrative Health Institute at Mount Royal College. Dr. Rickhi has been very successful in alleviating depression with his integrative approach and most recently has focused on teen depression.

The Colloquium

Panellists for the colloquium were: Marja Verhoef PhD, a social scientist and professor at the University of Calgary who holds the only Canadian research chair in complementary and integrative health care and is known for her work on decision making by cancer patients and whole systems research; Stephen Aung MD, a Canadian geriatric and family practitioner and doctor of traditional Chinese medicine who started the Certificate Program for Medical Acupuncture in 1991 at the University of Alberta; James Gordon MD, a US psychiatrist and founder of the Center for Mind Body Medicine who chaired the White House Commission on CAM Policy in 2000; and Joseph Pizzorno, ND, founding president of Bastyr University in Washington state and one of the world's leading authorities on science-based natural medicine.

Healing and Wellness Not Separate From Cure

What draws health care professionals and scientists to CAM, especially early in their careers? When moderator Maria LeRose posed this question to panellists, several common themes emerged. Each person shared a story about the personal experiences and supportive mentors that shaped their early decisions and recognized the value of an integrative, collaborative approach from early on in their careers. The two panellists who were raised outside of North America grew up with an experiential understanding that healing and wellness are not really separate from cure. All of them described personal characteristics that included a natural, driving curiosity about the human experience, and without exception, acknowledged that choosing a career focused on CAM and integrative health care was NOT the easiest path to choose.

"The reason we do science is not to prove ourselves. We do science to help people get better".
Dr. Joseph Pizzorno, ND

Dr. Verhoef recalled that growing up in the Netherlands, her family used homeopathy in combination with Western medicine to look after their health. "We never even considered it CAM!" When she moved to Canada as a young adult, however, she recognized that homeopathy was considered alternative medicine in Canada, and that CAM practices were rarely discussed or studied in a professional context.

Dr. Pizzorno told a story about his very early career when he worked as a biomedical researcher looking for a 'cure' for arthritis. The wife of his best friend coincidently suffered from juvenile rheumatoid arthritis and was unhappy with the outcomes of her conventional medical treatment, and so she went to see a naturopathic physician (ND). Within a short time, the woman's symptoms and quality of life were dramatically improved. Finding this hard to believe based on his understanding of the disease; Pizzorno went to see the naturopath who treated his friend. "I needed to actually talk to the guy myself." The ND he visited described, in medical science terms, how he treated her illness by using a liver detoxification process, and then a nutritional approach to manage the inflammatory response. Joseph Pizzorno had his first 'aha' about the potential benefits of science-based natural medicine and never looked back.

Dr. Aung grew up in Burma, and his family relied on traditional Chinese medicine (TCM) to treat illness but also to stay well. His grandfather, who was a TCM doctor, mentored Dr. Aung in his studies and encouraged him to go into medicine. But he always stressed that medicine should be integrated, and that it would serve him to understand both TCM and Western medicine equally well. Dr Aung recalled, "My grandfather reminded me constantly that medicine should always be compassionate; delivered with loving kindness; and that prevention is the key."

Dr. Gordon recognized early in his psychiatry career that he was "good at creating parties"; of bringing people together "to discover what is in each one of us that can help to heal all of us." Working predominantly with cancer patients (who he says make the wisest decisions about their health and healing) he spent a lot of time exploring what is fundamental to all health systems, and has come to believe that mind-body medicine, nutrition, self-care, education of health professionals and education of our children are the basis of a healthy self and a healthy society.

In the discussion that followed, the panellists made a compelling case for conducting CAM research that is relevant and "pays attention to what the patient is trying to achieve by seeking the intervention". Dr. Verhoef suggested that randomized controlled trials, as much as they may be the 'gold standard' for evaluating medical

L to R: Dr. Joseph Pizzorno, Dr. Marja Verhoef, Dr. Stephen Aung, Dr. James Gordon

care, do not represent real life when it comes to CAM. They do not do justice to the complexity of many CAM interventions, such as the interaction between the various components, the non-linear healing process and the many contextual factors that are impacting on this process. Using CAM is a personal choice for most people, and their expectations, hopes, beliefs, social support networks, personalities, past experiences and many other variables influence how well the intervention works for them. CAM research, she insists, must pay close attention to the interaction and contextual effects (also known as placebo) and learn more about how all these variables impact clinical outcomes. Measuring patient outcomes over time, she says, is the key to this learning. She is also a big fan of mixed-methods research that captures objective and quantitative data such as treatment and patient characteristics and its association with outcomes. However, in addition, she believes that "doing in-depth interviews with patients is imperative". Understanding the nuances of when they do better, and when they don't do so well "helps us to form hypotheses about what is really important to know." Dr. Aung noted that "medicine is not science alone" but is equally "an art of healing" and the practitioner's ability to make critical clinical findings and patient observations is influenced by his relationship with the patient and his own attitudes and beliefs.

"Practitioners need to have the 'research mind' and 'heart of the Buddha', and they will point the way to what we should be studying."

Dr. Stephen Aung, MD

As Dr. Pizzorno aptly put it, "The reason we do science is not to prove ourselves. We do science to help people get better". Creating 'good evidence', panellists agreed, must take into account the complex nature of treating the whole person – mind, body and spirit. It must also take into account the complex nature of integrative health care, where patients use multiple, concurrent therapies and self-care practices that arise from one or more health belief system. The 'politics of evidence' remains a challenge for the field in general. Dr. Gordon suggested that even when there is a critical mass of 'good evidence' for a particular CAM practice, "evidence doesn't always win the day". There may be ample evidence but there is also tremendous resistance. He and colleagues who participated in the White House Commission on Integrative Medicine believe that framing what we already know in the context of current health system needs and challenges may be the best way to overcome the resistance. Large (and expensive) CAM studies that focus on single interventions do not represent the real-world patient experience using CAM, whereas generating evidence for complex interventions in people living with complex chronic illness (such as diabetes) could generate knew knowledge that would "do the greatest good for the greatest numbers".

All of the panellists agreed that developing research methods that fit with the patient-care model (e.g. individualized medicine) will be important in future CAM research. Dr. Gordon advises that the most relevant research questions arise from expert clinical practice. "Practitioners need to have the 'research mind' and 'heart of the Buddha', and they will point the way to what we should be studying."

Closer collaborations between researchers and clinicians may be the best way to close this research-practice gap. Dr. Pizzorno made the observation that research is extremely oriented to the medical model, versus being oriented to the person, when there is "rarely one reason for disease". He noted that while Western medicine's success to date can be attributed to the standardization of knowledge and treatment approaches, it is based on an incorrect assumption that we are all the same. He holds up the contradictory research on drinking coffee as an example of why we can't ignore biochemical individuality.

After decades of conflicting studies, the relationship between coffee drinking and cardiovascular disease is becoming clearer. Dr. Pizzorno referenced a recent article in the Journal of the American Medical Association (JAMA) which reported that the liver enzyme CYP450 affects the rate at which people detoxify caffeine. Authors noted that every person has one of two forms of the enzyme, a fast form or a slow, and that the fast form detoxifies caffeine eight times faster than the slow form. A person with the fast form of CYP450 decreases his risk of getting a heart attack by 50% by drinking one cup of coffee a day. However, a person with the slow form of the enzyme who drinks four cups of coffee a day doubles his risk of getting a heart attack. For one group, coffee is good, but for the other group, coffee is actually a poison. "The tyranny of randomized controlled trials", asserted Dr. Pizzorno "is that they force doctors to treat patients based on statistical averages instead of as individuals." A lot of adverse drug reactions occur for this very reason. In this context Verhoef noted the importance of traditional health and wellbeing outcomes, but also the use of individualized outcomes that take into account individual symptoms, goals or experiences.

Individual 'controlled trials' of a particular therapy (known as N=1 methodology) are a very useful concept for a number of reasons. They provide an opportunity to assess individual responses (as with the coffee drinking example above) and according to Dr. Gordon, individual trials may have great therapeutic benefit. "If someone has done very well with a trial of something, it changes the consciousness of that patient, their beliefs and expectations. That type of success can be a placebo all on its own."

On the topic of 'integration', panellists shared complementary but diverse visions of how CAM and Western medicine might co-exist in the patient's best interest. Dr. Verhoef described integration as a complex concept that begins at the individual level with a personal experience of the mind, body, spirit connection and the need to foster each element as well as the interconnections.. It [integration] promotes interdisciplinary collaboration and a whole person approach to care and research within smaller agencies (clinics) and larger institutions (hospitals), and ultimately extends to influence regulatory bodies, policy makers (government) and the way professional education is conceived and delivered. Dr. Aung describes integration as the "spirit of cooperation between two or more systems of medicine and the practitioners within those systems". He likened medicine to a house that needs many doors and windows to come in and out of. "If you only have one door to come in", he warned, "it can be very dangerous." Dr. Pizzorno described a collaborative approach, where a group of people come together around the patient. Dr. Gordon emphasized that the fundamental vehicle for integration is every person who is committed to this approach. "Becoming whole people as healers is key, and what we use may change as we change and grow. As you evolve as a healer, gatherings like this are important to create a community of support for evolution."

NEW

CPR & First Aid Workshops

March 14, 2010 - Edmonton
April 18, 2010 Red Deer

Now available!

Certification in CPR & First Aid for your NHPC Continued Competency Credit requirement.

NHPC is hosting two workshops and introducing Specialized Emergency Training Inc. who will provide training designed to meet the unique needs of practitioners.

Class size is limited to a maximum 18 participants.

Cost per person $130 (includes taxes)

When:	Where:
Sunday, March 14, 2010 8:30am – 4:30pm	NHPC Offices Suite 600, 10339 – 124 Street Edmonton, AB T5N 3W1 Workshop Room
OR	
Sunday, April 18, 2010 8:30am – 4:30pm	Holiday Inn 67 Street 6500 67 Street Red Deer, AB T4P 1A2 David Thompson Room

natural health practitioners of canada association
association des praticiens de la santé naturelle du canada

For more details contact Erica at 1-888-711-7701, OR email ejones@nhpcanada.org

NEWS BRIEFS

'Knowledge Centre' Workshop Space Available

Newly renovated NHPC offices include new workshop space

NHPC is pleased to offer members and others the use of the 'Knowledge Centre' workshop space. Contact Rick Mah at 1.888.711.7701 or by email at rmah@nhpcanada.org for rental information.

NHPC Employment Opportunity

Grow With Us – Join the NHPC Team

Insurance Advocacy Manager

The Insurance Advocacy Manager is a key leadership role in the Management team at the NHPCA, and in leading the Extended Health/Third Party Health Care Insurance Advocacy portfolio. This portfolio includes the advocacy, awareness and education of insurance company decision makers in advancing the recognition of NHPC members' health services. Anyone interested in applying for this position can email his or her resume and covering letter to NHPC at hudouziech@nhpcanada.org

NHPC 'SUPER-HUB' Coming Soon

NHPC to Launch Expanded Online Learning Centre, Marketplace, Membership Discussion and Social Media Opportunities

In the next few months, NHPC will launch a re-designed website that includes an expanded online learning centre, an online marketplace with a member-to-member exchange area (think Kijiji), product sales, business services to help you and your business grow as well as online membership discussion opportunities and expanded social media networking links.

Look for more information coming soon.

L to R: Don Himmelman, Stephanie Nunez-Braatz, Paul Buffel, Michelle Blanchard, Dacia Moss, Michele Huszar, Michelle Gabriel, Candace Pichonsky, Colleen McDougall

Message from the Board

Don Himmelman Vice-President NHPC Board of Directors

For almost five years I have had the privilege of serving on your Board of Directors. In this span of time it has been exciting to witness the mature evolution of this organization.

What has changed? As we have grown in size, so have we in terms of strategic direction. The change in name, vision and mission statements reflects a desire to champion natural health in related provincial, national and now international arenas. The composition of your Board reflects this broad vision, with volunteer members hailing from both coasts and a number of provinces in between, representing a diverse field of natural health practices. Soon our hard working office staff will be leaving their cramped quarters to move into the much anticipated newly renovated space. This new office features room for this organization to grow into, including a workshop room (Knowledge Centre) for accommodating guest presenters and other events. Amidst all of these key changes your Board has implemented a strategic plan, which honours our organization's keys values while incorporating the feedback and information each of you have provided.

My time on the board has been especially enriching, underscoring my first impression, back in the days when a Connections Cafe in Halifax consisted of four participants - the President, the Executive Director, myself and another member. Clearly this was an organization that refused to play the numbers game! An organization that made an effort to meet each member as a valuable contributor to the NHPC's success. It has been a delight to play a small role in some of these important transitions. At the same time, I have learned so much. Really, it has been a breath of fresh air to leave what felt like mundane parochial concerns of provincial associations to step into an organization that has such a broad, inclusive and far reaching perspective. It has been and continues to be an exciting journey.

Recent initiatives of note:

✓ The date of the NHPC Annual General Meeting (AGM) has been advanced so as to be, for the first time, synchronized with our budget. This year it will be May 31, 2010 in Edmonton. By doing so, this will eliminate any last minute tweaking of the budget in response to decisions made at the AGM, something the finance staff are grateful for to be sure.

✓ In an effort to honour the ongoing request for more face-to-face meetings, Connections Cafes are being scheduled more than once a year in most provinces. These are excellent venues for voicing your concerns and meeting with members of your Board. Here we actively cultivate a two-way conversation with our members. This is a place where you help guide our work.

✓ The Insurance and Health Benefits Provider Education Program is moving forward, thanks to the one time Member Research Levy passed at the 2009 AGM. One desired outcome of this initiative will be recognition of the public health benefits of all the modalities that NHPC represents.

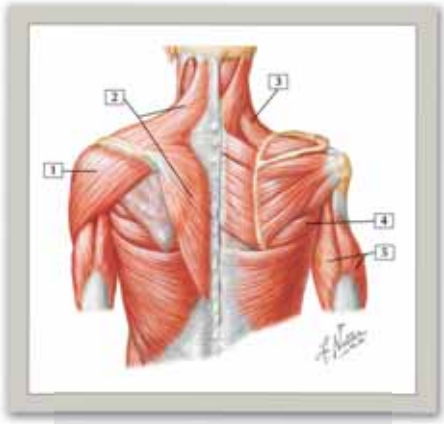
✓ NHPC now hosts two annual conferences - one in the spring - Calgary, April 9 -11, 2010 and in the fall - Victoria in October 2010. These provide opportunities to participate in workshops, network with fellow practitioners and more importantly, experience of the broad community of natural health that NHPC is cultivating.

This partial list is but a small taste of the exciting work that is being done on your behalf. While it has its accompanying rewards and challenges, the end result makes it all worthwhile. From its humble origins, NHPC is now a recognized leader in the field of Natural Health.

How to become an Expert in Anatomy, Earn your Continuing Education Credits and Save Hundreds, if not Thousands by Not taking a Live Workshop...Guaranteed

Introducing Anatomy Online Education: Featuring Dr. Frank Netter

- Seven modules with over 210 hand-painted anatomy images and x-rays.
- An extensive textual library that supports each image with the origin, insertion, action and innervations.
- Complete review of all the common pathologies of the entire body.
- All vascular and nerve supply detailed for each region.



Shoulder and Upper Arm (Posterior View)

Benefits of Studying Anatomy Online Education:

- **Each Module of the 7-Module Anatomy Online Course is eligible for 5 Continued Competency Credits.**
- By becoming an Expert in Anatomy you will Attract, Expand and Sustain your client base.
- You will be able to successfully **Locate and Resolve** problems your clients are experiencing quickly and that will increase your confidence level.
- Being regarded by your clients as an expert is **the most powerful means of marketing your practice.**

Features of this Online Course Offering:

- You will receive a login and password that will give you access to the site 24/7.
- You can access this course even after you have completed the modules.
- Only complete the modules you need for each continuing education cycle.

Irresistible Limited Time Offer

The cost of the course is $899.00, but from **March 15 until May 15, 2010**
the cost to you is reduced to $599.00.

BONUS OFFERS

A **FREE** E-book on "How to Eliminate Occupational Strain" and a **FREE** Three-Step Marketing Letter to Attract New Affluent Clients.

TO ORDER Go to **www.anatomyonlineeducation.com/nhpc**
or Call Toll Free at **1-888-738-8147**
Questions e-mail us at gschweitzer@shaw.ca

Classified Listings

To advertise, contact Nadine:
888-711-7701 or nhynes@nhpcanada.org

For additional listings, please visit www.nhpcanada.org

Massage Instructors Needed

Edmonton & Calgary, AB

Is Massage more than a job for you?

The Canadian College of Massage & Wellness is a new and developing Wellness College that is seeking to develop a core group of Faculty.

We need Registered Massage Therapists with a passion for sharing knowledge and at least 3 years experience as a Massage Therapist to teach a variety of courses:

- ***Maternal Massage Weekend Course***
  - Edmonton OR Calgary – starting immediately
- ***Infant Massage Instructor Weekend Course***
  - Edmonton OR Calgary – starting immediately
- ***Massage Diploma Program***
  - Part-time OR Full-time in Edmonton – starting September 2010

Full training and support is provided for our fully-developed programs.

Wage is negotiable based on experience.

Please e-mail your resume to Caroline at info@fromwithin.ca or call at 780-884-9877

Registered Massage Therapist

Calgary, AB

Health Systems Group requires a Massage Therapist at Bankers Hall Club, an executive fitness club in downtown Calgary.
www.bankershallclub.com

Qualifications:

- Exceptional customer service skills
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- Insurance

Please forward resume:
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geeta.vadgama@brookfieldproperties.com

Room for Rent
Calgary, AB - inner city

Beautiful 9th floor room with mountain/Elbow River view in an "advanced therapies" Mission area clinic available for rent April 1st. Ideal for a therapist with established client base.
Located on corner of 25th ave and 4th st SW, just 10min walk from downtown and 10 min walk from Stampede C-train station.

Rent Includes:
- Linen service - internet access
- separate phone line -web page promotion

Please Email wellspringgroup@telus.net or call Sean @ 403-689-9355 for viewing or more info.

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Edmonton, AB

A thriving client list yet no control over your earnings and hours? Make the move to Body Balance. We are a dynamic collective of therapeutic massage and complementary holistic specialists who share support services. You maintain total control over your own business. Body Balance is located on a major west Edmonton thoroughfare. Internet booking, plentiful parking and a beautiful environment.

To find out more, contact us through www.bodybalancetherapy.ca

Course Listings

To advertise, contact Nadine:
888-711-7701 or nhynes@nhpcanada.org

Please note that not all courses listed are recognized by NHPC, but may still be eligible for NHPC Continued Competency Credits.

For a complete list of recognized modalities and programs, as well as additional course listings, please visit www.nhpcanada.org

Academy of Reflexology Have Feet Will Travel	**Academy of Reflexology - Have Feet Will Travel** Specializing in Reflexology and Chair Massage, Private or Semi Private courses are available. If you have a group out of town, give us a call; arrangements can be made for our feet to travel to you. Training- Accredited with NHPC for Certification as well as Continued Competency Credits. Contact: Debra Cookson Phone: 780-235-3720 Email: reflexacademy@yahoo.ca Website: www.reflexacademy.com
Thai Reflexology Massage	Saturday and Sunday, May 1 & 2, 2010 9 am - 6 pm Learn Thai Reflexology Massage as it is done in the streets of Thailand. $295.00 As for all courses: please check webiste for course updates
Essentials in Chair Massage (for those already certified in Massage Therapy)	3 1/2 day course - $495.00 plus a $200.00 Administration fee. ($695.00) Tues/Wed/Thurs May 25, 26, 27, 2010 Only 6 students will be accepted for this course. Book early to secure your space. Pleae book no later than Aopril 15, 2010. As for all courses: please check webiste for course updates.

Adam Dreamhealer- Intention Heals Workshops

August (TBA), 2010 Calgary, AB
Members eligible for 5 continued competency credits.

EXPERIENCE SELF-EMPOWERMENT at Adam's one-day workshops as he merges auras of all participants and performs 2 group energy treatments.

Molecular biologist ,B.Sc.(Hon), Internationally renowned energy healer, best selling author and speaker, orchestrates two unique group healings in these one-day conferences. Adam combines his First Nations healing background with channeled insights and academic background.

Adam has presented with many of the most influential speakers in health of our time at: Edgar Cayce's A.R.E., with the scientists at "What the Bleep Do We Know?!" , World Qigong Conference- Recipient of Young Visionary Award,

Invited Healer at First Nations Healing Gatherings, Nominated for the Dr. Rogers Prize for Excellence in Complementary and Alternative Medicine.

What You Will Learn:
1. The Molecular Biology behind how our intentions create our reality.
2. How and why everyone should participate in their own healing.
3. How to create visualization routines for healing.
4. The use of visualizations as a healing tool.
5. Experience two unique group energy treatments.

All event registration online: www.dreamhealer.com

Active Isolated Stretching (AIS)

Instructor:
Paul John Elliott

Active Isolated Stretching: the Mattes Method (AIS) is a cutting edge method of stretching used by today's massage therapists, personal trainers, athletic therapists and fitness professionals. Working with the body's natural physiological makeup, this method of stretching improves circulation and increases fascial elasticity which helps eliminate physical pain and improve human performance. AIS is an outstanding modality for improving posture, eliminating abnormal curvatures such as scoliosis and kyphosis as well as restoring proper body alignment and eliminating physical pain. AIS plays a crucial role in the treatment of diseases or injuries such as Spinal Cord Injuries, MS, Sciatica, Carpal Tunnel Syndrome, Thoracic Outlet Syndrome, Neck and Back pain as well as Shoulder and Rotator Cuff conditions.

This 3 day course will empower you with stretching and myofascial protocols that will compliment your current techniques and strategies.

Instructor: Paul John Elliott, LMT, Certified AIS Instructor, Advanced AIS Practitioner

Dates: March 19th, 20th, 21st
Time: Fri: 4 – 9 pm Sat & Sun: 8:00 – 6:00 pm
Location: Calgary, AB
Foothills College of Massage Therapy – 400-7330 Fisher St SE
SOLD OUT

Dates: April 23, 24, & 25th
Time: 8 am – 6 pm
Location: Vancouver, BC
Sandman Hotel - 180 W Georgia St
Course Cost: $525.00 (including tax)

Dates: April 17, 18, & 19th
Time: Sat & Sun - 8:00 am – 6:00 pm Mon – 8:30 am – 2:30 pm
Location: Victoria, BC
James Bay Community School – 140 Oswego St
Course Cost: $525.00 (including tax)

Dates: June 18, 19, 20
Location: Kelowna, BC
Venue and Times TBA
Course Cost: $525.00 (including tax)

NHPC - *15 Continued Competency Credits*
MTAA - *24 Primary Continuing Education Credits*
CMTBC – *21 Continued Competency Credits*
CATA – *9.0 credits for 24 hour course*

For registration information contact:
Denise Williams (403) 679-9221 denise_massage42@yahoo.ca
Visit: *www.stretchingcanada.com for more info on AIS*

Ayurvedic Massage Training (50 hours)

Dates: *May 6-9*, 2010
Investment: $850 +gst
*Register BEFORE April 1 for $785 +gst

Location: Canadian College of Massage & Wellness
At Self Connection Books (4611 Bowness Rd NW, **Calgary**)
*Register:*www.ccmt.ca 780-489-7799 (Edmonton area) 1-877-489-7799 (Toll-free)

Description:

Ayurvedic Massage (Abhyanga) has long been used in India as the primary method of Massage treatment. It offers wonderful rejuvenation and cleansing benefits, as well as profound relaxation and oleation. In addition, it is very meditative/supportive for the therapist to perform and always takes into account the comfort of both client and therapist.

In this very unique, and I promise you, *hard to find,* training course you will gain an understanding of the Ayurvedic method of treatment, learn how to perform Ayurvedic massage and discover the incredible healing benefits of Ayurveda.

*Receive Continuing Education Credits from the NHPC

**Approved by AMANA (Ayurveda Medical Association of North America)

Ayurvedic Practitioner Training

Dates: Online Start Anytime
2 Onsite Training Schedules per Year

- April & July; OR
- October & January

Investment: $3,600 +gst *payment plan – 9 equal payments

Location: Online Distance; AND Onsite location at
Self Connection Books (4611 Bowness Rd NW, **Calgary**)
Register:www.ccmt.ca
780-489-7799 (Edmonton area)
1-877-489-7799 (Toll-free)
Description:
Learn the art of this ancient health science which translates as "science of life" as it has been passed down for 5000 years. As an Ayurvedic Practitioner you will enhance your client's health by aiding in the healing of sickness & disease, prevent the onset of disease, promote longevity and decrease the effects of aging.

Program takes ~8 months to complete, with 2 Onsite components and Online training, with 30 dynamic lessons:

- Assigned Readings
- PowerPoint & Video Lessons
- Assignment & Quiz Submission

*Receive CCCs from the NHPC

**Course approved by AMANA (Ayurveda Medical Association of North America)

BACK to BASICS – Anatomy, Physiology, & Chemistry Correspondence Program

LIVING ENERGY
Natural Health Studies

This program is designed to give students the basics of Anatomy, Physiology, and Chemistry – especially in relation to Nutrition. This course is divided up into Four Modules:

Module 1: Chemistry basics
Module 2: Introduction to Anatomy & Physiology.
Module 3 & 4: The body systems.

ALL students are required to be proficient in these subjects. Therefore the Back to Basics course is an essential component to the Wholistic Nutrition Program, especially for those students with limited or no prior learning in these subjects. Exemption from Back to Basics may be granted if proof of prior study can be given; or if you are currently registered as a massage therapist.

COST: **$190** (plus GST) PER module
(or)
$650 (plus GST) if all 4 modules are purchased at once.

Contact Living Energy for more details at (780) 892-3006 (local call from Edmonton), or visit our website www.livingenergy.ca

PCTIA Registered
NHPC Recognized
JSDF Approved.

Relaxfast! Chair Massage Program

A 100-hour diploma program in chair massage with a focus on acupressure points and techniques. Combines distance learning, classroom training and externship to accommodate the out-of-town learner. An effective method to offer services on-site in the business and corporate world, for just 15 minutes, using a state-of-the-art designed massage chair. Perfect for the entry-level student in the health field as well as a wonderful adjunct for the professional of a present health-related modality.

Date: 1) Classroom Training: **June 21 – 24, 2010**, Victoria, BC, or
2) Distance Learning **(start today!)**
Fee: $1,498.50 (instalment payments may be arranged)
Registered by: PCTIA
CCC: NHPC approved for 15 CCC for members

FREE Information Package: Contact Canadian Acupressure College,
1-877-909-2244, e-mail: cai@islandnet.com, website: www.acupressureshiatsuschool.com.
Application and payment may be made on-line with Visa, MasterCard or American Express.

Continuum Movement Workshop Moving Medicine

with Emilie Conrad

Continuum www.continuummovment.com is a groundbreaking movement and self-realization technique developed by Emilie Conrad. It offers a means of entering into an inner world of movement that most people do not know exists, a level of dexterity in which our system can be in a play of such resiliency that it can create itself anew from moment to moment.

Date: August 12 - August 15, 2010

Location: Glendale Community Hall
2405 Glenmount Dr. SW
Calgary, AB

Investment: $525.00 if paid in full by July 12, 2010
$600.00 thereafter

Register: 403- 818-7967 or email shirleymcmillan@yogainstillness.com

Info & Workshop Description: www.yogainstillness.com

Hot Stone Massage: An Ancient Healing Technique for the Contemporary Therapist

with
Sheryl Watson R.M.T.

Increase your massage practice by adding the ancient healing technique of hot stone massage. This 17 – hour workshop will incorporate the science of general hydrotherapy principles, and the sacred art of applying a full body hot stone massage.

March 12, 13, 14,2010 // April 23, 24, 25, 2010

1:00 p.m. – 5:00 p.m. on Fridays
9:00 p.m. – 6:00 p.m. on Saturdays and Sundays

This workshop included a history of hot stone massage, benefits and properties of hot/cold stones, general principles of geothermal hydrotherapy and corresponding indications, contra-indications, special considerations and cautions, preparation for treatment, care and cleaning the stones, marketing strategies, full body hot stone massage including vascular flushing, a spinal layout, chakra stones, revitalization technique, facial and foot treatment.

Sheryl has been practicing massage therapy since 1995 and is currently a techniques instructor at MacEwan College.

Pre-requisite: massage certificate.
Investment: $300.00.
Location: Edmonton

This workshop has been approved for 5 Continued Competency Credits with the NHPC and 17 primary continuing education credits by the M.T.A.A.

Sheryl Watson at 483-8275 or btrflypower@hotmail.com

Indian Head Massage Course

Through the **Canadian Centre of Indian Head Massage** with Debbie Boehlen.
Courses are ongoing throughout Canada.

This weekend course will teach you all you need to be able to provide a wonderfully relaxing Indian Head Massage treatment for your clients, friends and family. Certification is available.

For course dates and locations please contact Debbie or visit our website:

www.indianheadmassagecanada.com
Tel: 905.714.0298
email: debb@bell.net

Infant Massage Instructor (34 hours)

Dates: April 10 & 11, 2010 (Edmonton)
May 29 & 30, 2010 (Calgary)
June 26 & 27, 2010 (Edmonton)

Location: Canadian College of Massage & Wellness - West Edmonton OR Northwest Calgary
Investment: $390 +gst
Register: www.ccmt.ca 780-489-7799 (Edmonton area) 1-877-489-7799 (Toll-free)

Description:
From Within Learning Centre offers a unique and exciting Infant Massage class. Help mom, help baby. Gain invaluable knowledge for all parents. In this 2-day training you will learn how to teach Infant Massage classes and offer individual sessions to Parents, including:

- Benefits
- Contraindications and Guidelines
- Infant Massage Techniques and Parent Routines
  - Colic, Digestion & Teething
  - Common Childhood Discomforts
  - Massage and Stages of Growth
  - Hydrotherapy Techniques
- Attachment Parenting
- Addressing Parent Concerns and Questions
- Developing and Promoting your Class

*This course has been approved for Continued Competency Credits by NHPC!

Jade Stone Massage

Two Day Workshop

With Shelley Willis

By
Southwind Retreat and Spa

Experience the ancient healing power of Jade Stone Massage. The new Hot Stone massage treatment; Jade massage is a therapeutic and lucrative addition to your treatments.

Jade Stone Benefits
*Promotes relaxation & vitality while releasing toxins and inflammation
*Fewer stones with alternating temperatures for deeper results
*Jade Stones are heated or chilled non-porous for easy cleaning

2010 workshop schedule visit www.southwindretreat.com/spa-workshop.html
Private workshops please inquire
Course cost $395.00

To Register contact Shelley "the jade diva"
1-877-545-4433 / 250-390-0185 www.southwindjade.com jadediva@shaw.ca

Shelley Willis is an educator of Jade Stone Massage offering workshops, distributor of Southwind Jade Massage Stones and owner/operator of Southwind Retreat & Spa located on Vancouver Island. Shelley has dedicated the past several years to the study and application of Jade Stone massage.

Meridian Therapy

Are you living in this Season? Are you living in the Moment?

For practitioners and professionals of all healing modalities, this workshop explores a conversation with Traditional Chinese Medicine and its ability to assist in balancing our lives for each coming season.

Here is an opportunity for yourselves and clients to feel their best all year long.

This one day workshop will show you how to recognize symptoms of season imbalance by giving and receiving Jin Shin Do (r) Bodymind Acupressure, discussions on locally nutritious food for the coming season, and Taoist Chi Gong movements.

This workshop is eligible for NHPC Continued Competency Credits.

Spring Workshop Event:
Date: Sunday, April 18th, 2010
Location: Sacred Diva Healing Centre for Women 10831 124th, Edmonton, AB
Time: 10am-5pm
Investment: $175 Includes workshop
Instructor: Kim MacEacheran, Jin Shin Do Bodymind Acupressure Practitioner
Contact: Kim @ 780-907-8533 meridiantherapy@shaw.ca

Maternal Massage Training (34 hours)

Dates: March 6 & 7, 2010 (Edmonton)
March 20 & 21, 2010 (Calgary)
May 15 & 16, 2010 (Edmonton)
June 12 & 13, 2010 (Calgary)
Location: Canadian College of Massage & Wellness- West Edmonton OR Northwest Calgary

Investment: $390 +gst
Register: www.ccmt.ca 780-489-7799 (Edmonton area) 1-877-489-7799 (Toll-free)
Description:
From Within Learning Centre brings you a comprehensive course on Pre & Postnatal Massage designed for Massage Therapists. In this 2-day intensive training you will gain practical & hands-on knowledge in the following:

- Benefits of Maternal and Postpartum Massage
- Contraindications and Guidelines to Maternal Massage
- Special Circumstances
- Emotional and Physical aspects of Pregnancy and Postpartum
- Positioning, Supports and Materials
- Techniques and the Stages of Pregnancy
- Labour Massage
- Postpartum Massage

After the weekend course, to gain certification, you will complete 10 practicum massages.
*This course has been approved for Continued Competency Credits by NHPC & CEUs by MTAA!

Reiki Divine Energy Program

with Master Teacher Wayne RMT, RM, MHA, IS2, BA Rel

As an holistic non-religious healing modality, Reiki focuses on conducting Divine healing energy (Chi/Ki) into a client thereby increasing the level of their own natural healing energy. This energy is used to heal any issue on the physical, mental, emotional, and/or spiritual levels. Other therapeutic modalities become "energized" and more effective. The therapist becomes truly holistic by offering a complete approach to healing. All parties are blessed and feel an angelic peace afterward.

Students are qualified to apply Reiki therapy.
Level completion certificates (5 credits) are given at the end of each of four levels.

What:……Divine Reiki Program (ongoing)
Class form: Group or Individual (custom times) -In person or long distance.
Who:…….Master Teacher Wayne RMT, RM,
When:……...Ongoing -starting November 1, 2009
Where:…….Suite 205 5831 57St. Red Deer, Alberta (T4N 2L5)
Time:……10:00 a.m. - 3:00 p.m.
Tuition…..…$125.00 per level -cash

Contact: Wayne at (403)347-0928 www.divinelightreikiandhealth.com Divine.Light.Health@gmail.com

Rejuvenating Face Massage Course

Through the Canadian Centre of Indian Head Massage with Debbie Boehlen

Courses are ongoing throughout Canada

This 2-day course teaches you the theoretical knowledge and techniques you will need to provide a wonderfully relaxing Rejuvenating Face Massage treatment for your clients, friends and family. Certification is available.

This course is approved for Continued Competence Credits with the NHPC, and CEUs/CECs with RAC and numerous other Provincial Associations and Governing Bodies in your province. Please check our website for details.

For course dates and locations please contact Debbie or visit our website:

www.indianheadmassagecanada.com
Tel: 905.714.0298
Email: debb@bell.net

Structural Myofascial Therapy (SMFT)

Course Developer:
BetsyAnn Baron

In Level1 you will learn:

Full myofascial body treatment protocol including anatomy and physiology to support your understanding of the work.
Postural Somatic Awareness (PSA) a fantastic subjective evaluation and educational tool for you the therapist as well as for your clients
How to work with these 3 paradigms (treatment protocol):
- palliative - corrective - integrative

Your clients will:

Rejuvenate injured tissue
Increase their range of motion
Breathe deeper and easier
Decrease chronic pain

SMFT enriches the practices of massage therapists, physiotherapists, athletic therapists, osteopaths and other hands on health care professionals.

Calgary: May 8th, 9th, 10th (Sat, Sun, Mon)
Location: Alberta Ballet Nat Christie Centre – 141 18th Ave SW – Studio 'A'
Times: May 8th – 1 pm – 9 pm
May 9th & 10th – 9 am – 6 pm

Edmonton: May 14th, 15th, 16th (Fri, Sat, Sun)
Location: Strathcona Community League – 10139 87th Ave NW
Times: 9 am – 6 pm

Kelowna: June 18th, 19th, 20th (Fri, Sat, Sun)
Location/Times: TBA

Course cost: $525.00 ($500 + GST) payable by cheque, money order, or credit card.
For registration information please contact Denise Williams at **denise_massage42@yahoo.ca** or call (403) 679-9221
NHPC = 15 credits // MTAA credits pending // CMTBC credits pending

Traditional Thai Massage

The Circle of Life, School of Thai Massage and Health

Fairmont Hot Springs, B.C

Level I – Foundation Course – May 19th – 23rd, 2010
Level II – Professional Course - May 25th – 29th, 2010
CERTIFIED AND ACCREDITED*

Contact Information and Registration: Jeannine Duperron/George Christodoulou
(250) 270-0368 or e-mail us at: nuadborarnmassage@yahoo.ca Our website at: www.thecircleoflife.ca

Course Descriptions:
Level I - Foundation Course - consists of fifty or more techniques performed while the receiver is in the supine position. (minimum 30 hrs.)
Level II - Professional Course - gives the student a complete perspective of Thai Massage providing techniques performed in the side, prone and sitting positions. Some advanced techniques will be demonstrated. (minimum 30 hrs.)

Stone Therapy School Certification Courses

STS LEVEL I - Massage with Hot and Cold Stones
Providing Stone Therapy training since 1999
Original Stone Therapy School in Canada - Nina Gart Founder

Instructional hands-on course profiles the principles of Hot and Cold stone massage, with a focus on safety. Enables you to offer your clients the ultimate Stone Therapy treatment.

Nanaimo- April 23-25
Calgary - May 14-16
Tofino - May 23-25
Edmonton - August 6-8

Calgary - August 13-15
Victoria - September 10-12
Toronto - October 8-10

Register for 3-day STS Level I workshop 38 hour intensive, hands-on program.
Contact Lisa Edwards at 250.896.7939 to register. **www.stonetherapyschool.com**

200 Hour Hatha Yoga Teacher Training

Dates: June 2010
- 1 month intensive training

Investment: $2,900 +gst
*$500 discount if registered BEFORE April 1, 2010
*$200 referral discount per individual referred
Location: Canadian College of Massage & Wellness // West Edmonton or Calgary
Register: www.ccmt.ca 780-489-7799 (Edmonton area) 1-877-489-7799 (Toll-free)

Description:
Over 3 ½ months of part-time you will be immersed in the Yogic culture. This dynamic, hands-on training will provide you with the skills you need to teach Internationally in the Hatha yoga tradition (Yoga Alliance approved).

Our 200-hour Yoga Teacher Training is a full-immersion program, providing you with the tools for continuous self-development and the skills you need to share your passion. Immerse yourself in the Hatha Yoga tradition and pass on the bliss of yoga.

**Approved by the Yoga Alliance – see www.yogaalliance.org

Touch for Health Certification Classes

Body Connections
"Integrating Health & Wellness"

Touch for Health Kinesiology Certification Classes

This non-invasive method uses muscle testing and body awareness that can help reduce stress and pain, improve performance at school, work, home, in sports, relationships and promote health and well being. Muscle testing does not measure physical strength but rather how the nervous system controls the muscle functions. It has been found that muscles are also connected to different internal organs, glands, nutrition, thoughts, acupuncture meridians, and the bodies' electrical system. It observes the clients as a whole organism and uses various techniques to correct imbalances identified by the muscle test.

- Enhance your own personal growth
- Add new techniques to your already existing knowledge base
- Standardized course by the International College of Specialized Kinesiologies
- No Pre-requisites
- Taught with whole brain learning methods

Register at: www.bodyconnectionsab.com or 403 843 6768

Have an exciting Touch For Health Future!

WHOLISTIC NUTRITION
Correspondence Program

LIVING ENERGY Natural Health Studies

A 2-year-plus program designed for people who want to get a solid, working under-standing of nutrition and how it relates to health and wellness, also for people wanting to further their career in the natural health field.

This is an ongoing program, and students can start at any time. Level 1, Level 2, and Level 3 are totally via correspondence; Level 4 (advanced nutrition) is a detailed hands-on five-day program.

COST: Levels 1-3 $750 each (plus GST)
Level 4 $800 (plus GST)
** Cost of course includes workbook, administration fees, tutorial support, and one exam for each level.

A discount is available if Levels 1-3 are purchased at the same time.
This program has affiliations with a number of organizations and colleges including Canadian Association of Natural Nutritional Practitioners (CANNP). For detailed information contact Living Energy/Dr. Radka Ruzicka HD(RHom), NNCP at (780) 892-3006 (local call from Edmonton), visit our website www.livingenergy.ca

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