

5 Orthopathy and Chiropractic

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Orthopathy

Introduction

http://en.wikipedia.org/wiki/Template_talk:Alternative_medical_systems

..... claims that Orthopathy is an alternative medical system .

I see no evidence that it's of any note.

It's not listed at NCCAM, and it's not listed in mainstream sources.

Google searches for the term show that it's more often used in a religious sense that has nothing to do with medicine (it means "right-heartedness", as opposed to orthodoxy which means "right-mindedness").

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Osteopathy

Osteopathy

<http://en.wikipedia.org/wiki/File:Outline-body-aura.png>

What is the difference between osteopathy and chiropractic?

The original form of osteopathy as started by Andrew Taylor Still (a spiritualist like D. D. Palmer, the founder of chiropractic), was a form of alternative medicine with metaphysical and unscientific roots, but unlike Palmer, Still was an MD to begin with and had quite a bit more knowledge, although at the time that was quite limited. In contrast to chiropractic, osteopaths officially and in writing distanced themselves from their unscientific roots and gradually updated their educational standards to something nearing, but still not quite, that of MDs. (Chiropractic has yet to make such an official declaration, but hopes to modernize under the radar so they don't have to admit they've been treating a fictive lesion all along, IOW operating a scam all along.) These DOs are legally considered on a par with MDs. It is these DOs who are referred to as Doctor of Osteopathic Medicine, yet in common parlance they are still often called Osteopaths, which makes the matter confusing. To distinguish the scientific ones from those who practice according to the old unscientific manner, especially in countries outside the USA where they do not receive the same degree of education and are educated in the old manner, we have two articles. One is generic and the other specifically for the near-equals of MDs. Are you still confused? You should be! As long as there exists a separate education, there will be confusion. It also increases the likelihood that a Doctor of Osteopathic Medicine will include old-fashioned quackery in his practice, like Joseph Mercola does. To be fair, there are also MDs who include unscientific ideas and methods in their practices (think Andrew Weil and Dr. Oz). Quackery knows no boundaries. -- Brangifer (talk) 03:54, 18 January 2011 (UTC)

I got a bit sidetracked in my long homily, but our osteopathy article covers the whole thing and describes both the alternative aspects and links to the scientific Doctor of Osteopathic Medicine article, but because the template uses the system of classification set up by NCCAM, we shouldn't have it under "alternative....". They classify it as "conventional" like MDs, PTs, etc., and not "alternative". We can just leave it up to the article to make the distinctions because of local applications in other countries. So I vote for removing it from this template. -- Brangifer (talk) 04:11, 18 January 2011 (UTC)

A part of the confusion comes from the existence of two separate articles, Osteopathic manipulative medicine (history/philosophical issues) and Soft tissue technique (that is what osteopathic physicians actually do). The latter is just a standard/mainstream medical technique to relax muscles and restore blood circulation. Curiously enough, it was even taught in Russian medical schools, but was not widely used. Biophys (talk) 15:44, 18 January 2011 (UTC)

The latter of which is a much better written and informative article. Anyone feel up to upgrading or maybe merging? Anyway, consensus seems good enough here that I just removed Osteopathy from the template. Spot-checking a few of the articles where the template is used, this does not seem to have borked anything, but a few more eyes viewing at different screen widths would not go amiss (also keep in mind that the width of the template follows the image, if used). - 2/0 (cont.) 23:23, 18 January 2011 (UTC)

Thank you! I will probably look at some articles in this area later. Biophys (talk) 05:18, 20 January 2011 (UTC)

NCCAM Classifications

Maybe the original editor used information that is not currently on the NCCAM website. In any case, NCCAM offers the following classifications of alternative medicine:

- Natural Products
- Mind-Body Medicine
- Manipulative and Body-Based Practices

- Movement Therapies
- Traditional Healers
- Energy Fields
- Whole Medical Systems

If this is how NCCAM classifies this field, and we say that we are using NCCAM classification then the two should match up. If Wiki articles have different names, then the NCCAM name should be used in the template and redirected to the appropriate article. Desoto10 (talk) 22:48, 16 March 2011 (UTC)

Well, according to their definition [2], the conventional medicine is something that certified doctors and nurses do ("Conventional medicine is medicine as practised by holders of M.D. (medical doctor) and D.O. (doctor of osteopathic medicine) degrees and by allied health professionals, such as physical therapists, psychologists, and registered nurses."). That sounds logical. Other than that, their classification is a strange combination of an outright pseudoscience (like Magnet therapy) and something that obviously works (like massage) ... My very best wishes (talk) 04:41, 6 September 2012 (UTC)

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Chiropractic

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Chiropractic

Chiropractic

Chiropractic Intervention

Chiropractic

<http://en.wikipedia.org/wiki/Chiropractic>

This article has multiple issues. Please help improve it or discuss these issues on the talk page.

This article may be too long to read and navigate comfortably. (December 2012)

The neutrality of this article is disputed. (December 2012)

Chiropractic

Intervention

A chiropractor performs spinal manipulative therapy

Chiropractic (chiro-"hand" + praktikos- "practical", means "done by hand") is a form of alternative medicine historically based on the idea that misalignment of the spine can cause a wide range of diseases. The main chiropractic treatment technique involves manual therapy, primarily manipulation of the spine.

D.D. Palmer founded chiropractic in the 1890s, and his son B.J. Palmer helped to expand it in the early 20th century. *It has two main groups:* the "straights" and the "mixers." Straight chiropractors emphasize vitalism, "innate intelligence" and spinal adjustments, considering "vertebral subluxations" to be the cause of all disease. Mixers are more open to mainstream views and conventional medical techniques, such as exercise, massage, and ice therapy.

Chiropractic is well-established in the United States, Canada and Australia, overlapping with other manual-therapy professions, including massage therapy, osteopathy, and physical therapy. Most who seek chiropractic care do so for low back pain.

The scientific consensus is that chiropractic may be on a par with other manual therapies for musculoskeletal conditions such as lower back pain, but there is no credible evidence or mechanism for effects on other conditions, and some evidence of severe adverse effects from cervical vertebral manipulation. The ideas of innate intelligence and the chiropractic subluxation are generally regarded as pseudo-science.

Background

For most of its existence, chiropractic has been sustained by pseudo-scientific ideas such as subluxation and innate intelligence which are not based on solid science. Some chiropractors have been criticized for having an anti-immunization stance, despite the consensus of public health professionals on the benefits of vaccination, which has led to negative impacts on both public vaccination and mainstream acceptance of chiropractic. The American Medical Association called chiropractic an "unscientific cult" and boycotted it until

losing an antitrust case in 1987. Chiropractic has developed a political base and sustained demand for services; in recent decades, it has gained greater acceptance among health plans in the U.S., and the principles of evidence-based medicine have been used to review research studies and generate practice guidelines. Traditional (or straight) chiropractic still assumes that a vertebral subluxation interferes with the body's "innate intelligence", a vitalistic notion ridiculed by the scientific and healthcare communities. Other chiropractors want to separate themselves from the traditional vitalistic concept of innate intelligence.

Many studies of treatments used by chiropractors have been conducted, often with conflicting results. Manual therapies commonly used by chiropractors are as effective as other manual therapies for the treatment of low back pain, and might also be effective for the treatment of lumbar disc herniation with radiculopathy, neck pain, some forms of headache, and some extremity joint conditions.

While a report published by the WHO states that chiropractic care may be considered safe when employed skilfully and appropriately, chiropractic spinal manipulation is frequently associated with mild to moderate adverse effects, with serious or fatal complications in rare cases.

The efficacy and cost-effectiveness of maintenance chiropractic care are unproven.

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What Are Chiropractic Therapeutics

What Are Chiropractic Therapeutics?

<http://www.healthstarchiropractic.com/modalities.html>

Therapeutic Procedures

Therapeutic procedures involve the application of clinical skills, methods, and techniques, to improve the functional capacities of patients.

Therapeutic Modalities

Therapeutic modalities (equipment) utilize thermal, mechanical, acoustical, light, or electrical energy to produce beneficial results in patients.

Therapeutic Rehabilitation

Therapeutic rehabilitation encompasses a combination of therapeutic modalities and therapeutic equipment to facilitate the maximum improvement possible.

HealthStar Chiropractic is extremely proud of our comprehensive diagnostic, therapeutic, and rehabilitation facilities - including, but not limited to, the following therapies, modalities, and techniques.

Light Therapy
Computer Assisted Manipulation
Diathermy
Dry Hydro-jet Massage
Infrasonic Massage
Intersegmental Traction
Flexion Distraction
Ambulatory Traction
Massage Therapy
Postural Rehabilitation
Electro-Therapy

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Philosophy ...

Philosophy

<http://en.wikipedia.org/wiki/Chiropractic>

Two chiropractic belief system constructs

The testable principle The untestable metaphor

Chiropractic adjustment Universal Intelligence

Restoration of structural integrity Innate intelligence

Improvement of health status Body physiology

Materialistic: Vitalistic:

— Operational definitions possible — Origin of holism in chiropractic

— Lends itself to scientific inquiry — Cannot be proven or disproven

Taken from Mootz & Phillips 1997

Chiropractic's early philosophy was rooted in vitalism, spiritual inspiration and rationalism. A philosophy based on deduction from irrefutable doctrine helped distinguish chiropractic from medicine, provided it with legal and political defences against claims of practising medicine without a license, and allowed chiropractors to establish themselves as an autonomous profession. This "straight" philosophy, taught to generations of chiropractors, rejects the inferential reasoning of the scientific method, and relies on deductions from vitalistic first principles rather than on the materialism of science.

However, most practitioners currently accept the importance of scientific research into chiropractic, and most practitioners are "mixers" who attempt to combine the materialistic reductionism of science with the metaphysics of their predecessors and with the holistic paradigm of wellness; a 2008 commentary proposed that chiropractic actively divorce itself from the straight philosophy as part of a campaign to eliminate untestable dogma and engage in critical thinking and evidence-based research.

Although a wide diversity of ideas currently exists among chiropractors, they share the belief that the spine and health are related in a fundamental way, and that this relationship is mediated through the nervous system. Chiropractors examine the biomechanics, structure and function of the spine, along with its effects on the musculoskeletal and nervous systems and what they believe to be its role in health and disease.

Chiropractic philosophy includes the following perspectives:

Holism assumes that health is affected by everything in an individual's environment; some sources also include a spiritual or existential dimension. In contrast, reductionism in chiropractic reduces causes and cures of health problems to a single factor, vertebral subluxation.

Conservatism considers the risks of clinical interventions when balancing them against their benefits. It emphasizes non-invasive treatment to minimize risk, and avoids surgery and medication.

Homoeostasis emphasizes the body's inherent self-healing abilities. Chiropractic's early notion of innate intelligence can be thought of as a metaphor for homoeostasis.

Straights tend to use an approach that focuses on the chiropractor's perspective and the treatment model, whereas mixers tend to focus on the patient and the patient's situation.

Straights and mixers

Range of belief perspectives in chiropractic

perspective attribute potential belief endpoints

scope of practice: narrow ("straight") broad ("mixer")

diagnostic approach: intuitive analytical

philosophic orientation: vitalistic materialistic

scientific orientation: descriptive experimental

process orientation: implicit explicit

practice attitude: doctor/model-centered patient/situation-centered

professional integration: separate and distinct integrated into mainstream

Taken from Mootz & Phillips

Straight chiropractors adhere to the philosophical principles set forth by D.D. and B.J. Palmer, and retain metaphysical definitions and vitalistic qualities. Straight chiropractors believe that vertebral subluxation leads to interference with an "innate intelligence" exerted via the human nervous system and is a primary underlying risk factor for many diseases. Straights view the medical diagnosis of patient complaints (which they consider to be the "secondary effects" of subluxations) to be unnecessary for chiropractic treatment. Thus, straight chiropractors are concerned primarily with the detection and correction of vertebral subluxation via adjustment and do not "mix" other types of therapies into their practice style.

Their philosophy and explanations are metaphysical in nature and they prefer to use traditional chiropractic lexicon terminology (i.e. perform spinal analysis, detect subluxation, correct with adjustment, etc.). They prefer to remain separate and distinct from mainstream health care. Although considered the minority group, "they have been able to transform their status as purists and heirs of the lineage into influence dramatically out of proportion to their numbers."

Mixer chiropractors "mix" diagnostic and treatment approaches from osteopathic, medical, and chiropractic viewpoints.

Unlike straight chiropractors, mixers believe subluxation is one of many causes of disease, and they incorporate mainstream medical diagnostics and employ many treatments including conventional techniques of physical therapy such as exercise, massage, ice packs, and moist heat, along with nutritional supplements, acupuncture, homoeopathy, herbal remedies, and biofeedback.

Mixers tend to be open to mainstream medicine and are the majority group.

Although mixers are the majority group, many of them retain some belief in vertebral subluxation as shown in a 2003 survey of 1100 North American chiropractors, which found that 88% wanted to retain the term "vertebral subluxation complex", and that when asked to estimate the percent of disorders of internal organs (such as the heart, the lungs, or the stomach) that subluxation significantly contributes to, the mean response was 62%.

Despite this finding, a 2008 survey of 6000 American chiropractors demonstrated that most chiropractors seem to believe that a subluxation-based clinical approach may be of limited utility for addressing visceral disorders, and greatly favored non-subluxation-based clinical approaches for such conditions.

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Chiropractic

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History ...

History

<http://en.wikipedia.org/wiki/Chiropractic>

Main articles: Chiropractic history and Chiropractic controversy and criticism

Chiropractic was founded in 1895 by *Daniel David (D.D.) Palmer* in Davenport, Iowa. Palmer, a magnetic healer, hypothesized that manual manipulation of the spine could cure disease. The first chiropractic patient of D.D. Palmer was Harvey Lillard, a worker in the building where Palmer's office was located. He claimed that he had severely reduced hearing for 17 years, which started soon following a "pop" in his spine. A few days following his adjustment, Lillard claimed his hearing was almost completely restored.

Chiropractic competed with its predecessor osteopathy, another medical system based on magnetic healing and bone-setting; both systems were founded by charismatic mid-westerners in opposition to the conventional medicine of the day, and both postulated that manipulation improved health. Although initially keeping chiropractic a family secret, in 1898 Palmer began teaching it to a few students at his new Palmer School of Chiropractic. One student, his son Bartlett Joshua (B.J.) Palmer, became committed to promoting chiropractic, took over the Palmer School in 1906, and rapidly expanded its enrolment.

Early chiropractors believed that all disease was caused by interruptions in the flow of innate intelligence, a vital nervous energy or life force that represented God's presence in man; chiropractic leaders often invoked religious imagery and moral traditions. D.D. and B.J. both seriously considered declaring chiropractic a religion, which might have provided legal protection under the U.S. constitution, but decided against it partly to avoid confusion with Christian Science. Early chiropractors also tapped into the Populist movement, emphasizing craft, hard work, competition, and advertisement, aligning themselves with the common man against intellectuals and trusts, among which they included the American Medical Association (AMA).

Chiropractic has seen considerable controversy and criticism. Although D.D. and B.J. were "straight" and disdained the use of instruments, some early chiropractors, whom B.J. scornfully called "mixers", advocated the use of instruments. In 1910 B.J. changed course and endorsed X-rays as necessary for diagnosis; this resulted in a significant exodus from the Palmer School of the more conservative faculty and students.

The mixer camp grew until by 1924 B.J. estimated that only 3,000 of the U.S.'s 25,000 chiropractors remained straight. That year, B.J.'s invention and promotion of the neurocalometer, a temperature-sensing device, was highly controversial among B.J.'s fellow straights. By the 1930s chiropractic was the largest alternative healing profession in the U.S.

The 2008 book *Trick or Treatment* states that in 1913 B.J. Palmer ran over his father, D.D. Palmer, at a homecoming parade for the Palmer School of Chiropractic in Davenport, Iowa. Weeks later D.D. Palmer died in Los Angeles. The official cause of death was recorded as typhoid. The book *Trick or Treatment* remarked "it seems more likely that his death was a direct result of injuries caused by his son."

Chiropractic historian Joseph C. Keating, Jr. has described the attempted patricide of D.D. Palmer as a "myth" and "absurd on its face" and cites an eyewitness who recalled that D.D. was not struck by B.J.'s car, but rather, had stumbled. He also says that "Joy Loban, DC, executor of D.D.'s estate, voluntarily withdrew a civil suit claiming damages against B.J. Palmer, and that several grand juries repeatedly refused to bring criminal charges against the son."

Chiropractors faced heavy opposition from organized medicine. Thousands of chiropractors were prosecuted for practicing medicine without a license, and D.D. and many other chiropractors were jailed. To defend against medical statutes B.J. argued that chiropractic was separate and distinct from medicine, asserting that chiropractors "analyzed" rather than "diagnosed", and "adjusted" subluxations rather than "treated" disease. B.J. co-founded the Universal Chiropractors' Association (UCA) to provide legal services to arrested chiropractors. Although the UCA won their first test case in Wisconsin in 1907, prosecutions instigated by state medical boards became increasingly common and in many cases were successful. In response, chiropractors conducted political campaigns to secure separate licensing statutes, eventually succeeding in all fifty states, from Kansas in 1913 through Louisiana in 1974.

The long standing feud between chiropractors and medical doctors continued for decades. The AMA labeled chiropractic an "unscientific cult" in 1966, and until 1980 held that it was unethical for medical doctors to associate with "unscientific practitioners". This culminated in a landmark 1987 decision, *Wilk v. AMA*, in which the court found that the AMA had engaged in unreasonable restraint of trade and conspiracy, and which ended the AMA's de facto boycott of chiropractic. In 2008 and 2009, chiropractors, including the British Chiropractic Association, used libel lawsuits and threats of lawsuits against their critics, however, a libel case against science writer Simon Singh ended with the BCA withdrawing its suit in 2010.

Research to test chiropractic theories began in 1935 with the B.J. Palmer Research Clinic at the Palmer College of Chiropractic in Davenport, Iowa. The clinic was organized into two divisions—a medical division and a chiropractic division. The medical division contained all the standard medical tests of the time and was used to establish a medical diagnosis of a patient's condition before the patient received treatment. The chiropractic division administered the treatment which included passive therapies, chiropractic adjustments and physical rehabilitation for the various conditions diagnosed. Research continued in the B.J. Palmer research clinic until B.J. Palmer's death in 1961 and the results and findings of these patient cases were the substance of B.J. Palmer's publishing over this 30 year time-period.

Attempts to further test chiropractic theories by modern standards of research began in the 1970s. By the mid 1990s there was a growing scholarly interest in chiropractic, which helped efforts to improve service quality and establish clinical guidelines that recommended manual therapies for acute low back pain.

In recent decades chiropractic gained legitimacy and greater acceptance by medical physicians and health plans, and enjoyed a strong political base and sustained demand for services. However, its future seemed uncertain: as the number of practitioners grew, evidence-based medicine insisted on treatments with demonstrated value, managed care restricted payment, and competition grew from massage therapists and other health professions. The profession responded by marketing natural products and devices more aggressively, and by reaching deeper into alternative medicine and primary care.

Evidence basis

The principles of evidence-based medicine have been used to review research studies and generate practice guidelines outlining professional standards that specify which chiropractic treatments are legitimate and perhaps reimbursable under managed care.

Evidence-based guidelines are supported by one end of an ideological continuum among chiropractors; the other end employs anti-scientific reasoning and makes unsubstantiated claims.

A 2007 survey of Alberta chiropractors found that they do not consistently apply research in practice, which may have resulted from a lack of research education and skills.

Continued education enhances the scientific knowledge of the practitioner.

Effectiveness ...**Effectiveness**

<http://en.wikipedia.org/wiki/Chiropractic>

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Opinions differ as to the effectiveness of chiropractic treatments. Many controlled clinical studies of spinal manipulation have been conducted, but their results often disagree and they are typically of low methodological quality. A 2010 report found that manual therapies commonly used by chiropractors are effective for the treatment of low back pain, neck pain, some kinds of headaches and a number of extremity joint conditions.

A 2008 critical review found that with the possible exception of back pain, chiropractic manipulation has not been shown to be effective for any medical condition. Health claims made by chiropractors regarding use of manipulation for paediatric health conditions are supported by only low levels of scientific evidence that does not demonstrate clinically relevant benefits.

Most research has focused on spinal manipulation in general, rather than solely on chiropractic manipulation. A 2002 review of randomized clinical trials of spinal manipulation was criticized for not making this distinction; however, the review's authors stated that they did not consider this difference to be a significant point as research on spinal manipulation is equally useful regardless of which practitioner provides it.

There is a wide range of ways to measure treatment outcomes. Chiropractic care, like all medical treatment, benefits from the placebo response. It is difficult to construct a trustworthy placebo for clinical trials of spinal manipulative therapy (SMT), as experts often disagree about whether a proposed placebo actually has no effect. The efficacy of maintenance care in chiropractic is unknown.

Available evidence covers the following conditions:

Low back pain. Specific guidelines concerning the treatment of non-specific (i.e., unknown cause) low back pain remain inconsistent between countries. A 2011 Cochrane review found strong evidence that there is no clinically meaningful difference between spinal manipulation and other treatments for reducing pain and improving function for chronic low back pain. A 2010 Cochrane review found no current evidence to support or refute a clinically significant difference between the effects of combined chiropractic interventions and other interventions for chronic or mixed duration low back pain. A 2010 systematic review found that most studies suggest spinal manipulation achieves equivalent or superior improvement in pain and function when compared with other commonly used interventions for short, intermediate, and long-term follow-up. A 2008 review found strong evidence that SM is similar in effect to medical care with exercise. A 2008 literature synthesis found good evidence supporting SM for low back pain regardless of duration. A 2007 review found good evidence that SM is moderately effective for low back pain lasting more than 4 weeks. In 2007 the American College of Physicians and the American Pain Society recommended that clinicians consider the addition of spinal manipulation for patients who do not improve with self care options. Methods for formulating treatment guidelines for low back pain differ significantly between countries, casting some doubt on their reliability.

Radiculopathy. There is no overall consensus on the effectiveness of manual therapies for radiculopathies. There is moderate quality evidence to support the use of spinal manipulation for the treatment of acute lumbar radiculopathy and acute lumbar disc herniation with associated radiculopathy. The evidence for chronic lumbar spine-related extremity symptoms and cervical spine-related extremity symptoms of any duration is low or very low and no evidence exists for the treatment of thoracic radiculopathy.

Whiplash and other neck pain. There is no overall consensus on the effectiveness of manual therapies for neck pain. A 2011 systematic review concluded that thoracic spine manipulation may provide short-term improvement in patients with acute or subacute mechanical neck pain; although the body of literature is still weak. A 2010 Cochrane review found low evidence that manipulation was more effective than a control for neck pain, and moderate evidence that cervical manipulation and mobilisation produced similar effects on pain, function and patient satisfaction. A 2010 systematic review found low level evidence that suggests chiropractic care improves cervical range of motion and pain in the management of whiplash. A 2009 systematic review of controlled clinical trials found no evidence that chiropractic spinal manipulation is effective for whiplash injury. A 2008 review found evidence that suggests that manual therapy and exercise are more effective than alternative strategies for patients with neck pain. A 2007 review found that spinal manipulation and mobilization are effective for neck pain. A 2005 review found evidence supporting spinal mobilization, and limited evidence supporting spinal manipulation for whiplash.

Headache

There is no overall consensus on the effectiveness of manual therapies for headaches.

Of two systematic reviews published in 2011, one found evidence that spinal manipulation might be as effective as propranolol or topiramate in the prevention of migraine headaches, the other concluded that evidence does not support the use of spinal manipulation for the treatment of migraine headaches.

A 2004 Cochrane review found evidence that suggests spinal manipulation may be effective for migraine, tension headache and cervicogenic headache.

A 2006 review found inconclusive evidence supporting manual therapies for tension headache.

A 2005 review found that spinal manipulation showed a trend toward benefit in the treatment of tension headache, but the evidence was weak.

Extremity conditions.

A 2011 systematic review and meta-analysis concluded that the addition of manual mobilizations to an exercise program for the treatment of knee osteoarthritis resulted in better pain relief than a supervised exercise program alone and suggested that manual therapists consider adding manual mobilisation to optimise supervised active exercise programs.

There is silver level evidence that manual therapy is more effective than exercise for the treatment of hip osteoarthritis, however this evidence could be considered to be inconclusive.

A 2008 systematic review found that the addition of cervical spine mobilization to a treatment regimen for lateral epicondylitis (tennis elbow) resulted in significantly better pain relief and functional improvements in both the short and long-term.

There is a small amount of research into the efficacy of chiropractic treatment for upper limbs, limited to low level evidence supporting chiropractic management of shoulder pain and limited or fair evidence supporting chiropractic management of leg conditions.

Other

A 2012 systematic review found insufficient low bias evidence to support the use of spinal manipulation as a therapy for the treatment of hypertension.

A systematic review in 2011 found moderate evidence to support the use of manual therapy for cervicogenic dizziness.

There is very weak evidence for chiropractic care for adult scoliosis (curved or rotated spine) and no scientific data for idiopathic adolescent scoliosis.

A 2007 systematic review found that few studies of chiropractic care for nonmusculoskeletal conditions are available, and they are typically not of high quality; it also found that the entire clinical encounter of chiropractic care (as opposed to just SM) provides benefit to patients with cervicogenic dizziness, and that the evidence from reviews is negative, or too weak to draw conclusions, for a wide variety of other nonmusculoskeletal conditions, including ADHD/learning disabilities, dizziness, high blood pressure, and vision conditions.

Other reviews have found no evidence of significant benefit for asthma, baby colic, bed wetting, carpal tunnel syndrome, fibromyalgia, gastrointestinal disorders, kinetic imbalance due to sub-occipital strain (KISS) in infants, menstrual cramps, or pelvic and back pain during pregnancy.

<http://en.wikipedia.org/wiki/Chiropractic>

Therapeutic chairs at a chiropractic office in New Jersey.

Chiropractors, also known as doctors of chiropractic or chiropractic physicians in many jurisdictions, emphasize the conservative management of the neuromusculoskeletal system as an alternative to the use of medicines or surgery, with special emphasis on the spine. Chiropractic combines aspects from mainstream and alternative medicine, and there is no agreement about how to define the profession: although chiropractors have many attributes of primary care providers, chiropractic has more of the attributes of a medical speciality like dentistry or podiatry.

It has been proposed that chiropractors specialize in non-surgical spine care, instead of attempting to also treat other problems, but the more expansive view of chiropractic is still widespread. Mainstream health care and governmental organizations such as the World Health Organization consider chiropractic to be complementary and alternative medicine (CAM).

Chiropractors controversially make extensive use of x-ray radiography.

The practice of chiropractic medicine involves a range of diagnostic methods including skeletal imaging, observational and tactile assessments, and orthopaedic and neurological evaluation. A chiropractor may also refer a patient to an appropriate specialist, or co-manage with another health care provider. Common patient management involves spinal manipulation (SM) and other manual therapies to the joints and soft tissues, rehabilitative exercises, health promotion, electrical modalities, complementary procedures, and lifestyle counseling.

Chiropractors are not licensed to write medical prescriptions or perform major surgery in the U.S., but that recently changed when New Mexico became the first state to allow "advanced practice" trained chiropractors the ability to prescribe certain medications. Their scope of practice varies by state, based on inconsistent views of chiropractic care: some states, such as Iowa, broadly allow treatment of "human ailments"; some, such as Delaware, use vague concepts such as "transition of nerve energy" to define scope of practice; others, such as New Jersey, specify a severely narrowed scope.

States also differ over whether chiropractors may conduct laboratory tests or diagnostic procedures, dispense dietary supplements, or use other therapies such as homoeopathy and acupuncture; in Oregon they can become certified to perform minor surgery and to deliver children via natural childbirth. A 2003 survey of North American chiropractors found that a slight majority favored allowing them to write prescriptions for over-the-counter drugs.

A related field, veterinary chiropractic, applies manual therapies to animals and is recognized in a few U.S. states, but is not recognized by the American Chiropractic Association as being chiropractic.

Main articles: Chiropractic treatment techniques and Spinal adjustment

Spinal manipulation, which chiropractors call "spinal adjustment" or "chiropractic adjustment", is the most common treatment used in chiropractic care. Spinal manipulation is a passive manual manoeuvre during which a three-joint complex is taken past the normal range of movement, but not so far as to dislocate or damage the joint. Its defining factor is a dynamic thrust, which is a sudden force that causes an audible release and attempts to increase a joint's range of motion.

High-velocity, low-amplitude spinal manipulation (HVLA-SM) thrusts have physiological effects that signal neural discharge from para-spinal muscle tissues, depending on duration and amplitude of the thrust are factors of the degree in para-spinal muscle spindles activation. Clinical skill in employing HVLA-SM thrusts depends on the ability of the practitioner to handle the duration and magnitude of the load. More generally, spinal manipulative therapy (SMT) describes techniques where the hands are used to manipulate, massage, mobilize, adjust, stimulate, apply traction to, or otherwise influence the spine and related tissues.

There are several schools of chiropractic adjustive techniques, although most chiropractors mix techniques from several schools. The following adjustive procedures were received by more than 10% of patients of licensed U.S. chiropractors in a 2003 *survey*: Diversified technique (full-spine manipulation, employing various techniques), extremity adjusting, Activator technique (which uses a spring-loaded tool to deliver precise adjustments to the spine), Thompson Technique (which relies on a drop table and detailed procedural protocols), Gonstead (which emphasizes evaluating the spine along with specific adjustment that avoids rotational vectors), Cox/flexion-distraction (a gentle, low-force adjusting procedure which mixes chiropractic with osteopathic principles and utilizes specialized adjusting tables with movable parts), adjustive instrument, Sacro-Occipital Technique (which models the spine as a torsion bar), Nimmo Receptor-Tonus Technique, Applied Kinesiology (which emphasises "muscle testing" as a diagnostic tool), and cranial. Medicine-assisted manipulation, such as manipulation under anaesthesia, involves sedation or local anaesthetic and is done by a team that includes an anaesthesiologist; a 2008 systematic review did not find enough evidence to make recommendations about its use for chronic low back pain.

Many other procedures are used by chiropractors for treating the spine, other joints and tissues, and general health issues. The following procedures were received by more than one-third of patients of licensed U.S. chiropractors in a 2003 survey: Diversified technique (full-spine manipulation; mentioned in previous paragraph), physical fitness/exercise promotion, corrective or therapeutic exercise, ergonomic/postural advice, self-care strategies, activities of daily living, changing risky/unhealthy behaviors, nutritional/dietary recommendations, relaxation/stress reduction recommendations, ice pack/cryotherapy, extremity adjusting (also mentioned in previous paragraph), trigger point therapy, and disease prevention/early screening advice.

A 2010 study describing Belgium chiropractors and their patients found chiropractors in Belgium mostly focus on neuromusculoskeletal complaints in adult patients, with emphasis on the spine. The diversified technique is the most often applied technique at 93%, followed by the Activator mechanical-assisted technique at 41%.[69] A 2009 study assessing chiropractic students giving or receiving spinal manipulations while attending a U.S. chiropractic college found Diversified, Gonstead, and upper cervical manipulations are frequently used methods.

Education, licensing, regulation

Main articles: Chiropractic education and List of chiropractic schools

Requirements vary between countries. In the U.S. chiropractors obtain a first professional degree in the field of chiropractic. The curriculum content of North American chiropractic and medical colleges with regard to basic and clinical sciences has been more similar than not, both in the kinds of subjects offered and in the time assigned to each subject.

Accredited chiropractic programs in the U.S. require that applicants have 90 semester hours of undergraduate education with a grade point average of at least 3.0 on a 4.0 scale. Many

programs require at least three years of undergraduate education, and more are requiring a bachelor's degree. Canada requires a minimum three years of undergraduate education for applicants, and at least 4200 instructional hours (or the equivalent) of full-time chiropractic education for matriculation through an accredited chiropractic program.

CCEs in the U.S., Canada, Australia and Europe have joined to form CCE-International (CCE-I) as a model of accreditation standards with the goal of having credentials portable internationally. Today, there are 18 accredited Doctor of Chiropractic programs in the U.S., 2 in Canada, 6 in Australasia, and 5 in Europe.

Regulatory colleges and chiropractic boards in the U.S., Canada, Mexico, and Australia are responsible for protecting the public, standards of practice, disciplinary issues, quality assurance and maintenance of competency. There are an estimated 49,000 chiropractors in the U.S. (2008), 6,500 in Canada (2010), 2,500 in Australia (2000), and 1,500 in the UK (2000).

A 2008 commentary proposed that the chiropractic profession actively regulate itself to combat abuse, fraud and quackery, which are more prevalent in chiropractic than in other health care professions, violating the social contract between patients and physicians.

Utilization, satisfaction rates, and third-party coverage

The examples and perspective in this section deal primarily with North America and do not represent a worldwide view of the subject. Please improve this article and discuss the issue on the talk page. (December 2012)

In the U.S., chiropractic is the largest alternative medical profession and chiropractors perform over 90% of all manipulative treatments. The percentage of the population that utilizes chiropractic care at any given time generally falls into a range from 6% to 12% in the U.S. and Canada, with a global high of 20% in Alberta.

Chiropractors are the most common CAM providers for children and adolescents, who consume up to 14% of all visits to chiropractors. The vast majority who seek chiropractic care do so for relief from back and neck pain and other neuromusculoskeletal complaints; most do so specifically for low back pain. In studies examining back pain treatments, satisfaction rates among chiropractic patients are typically higher than among medical patients. Treatment outcomes

are not necessarily better for chiropractic patients than for medical patients; the higher satisfaction among chiropractic patients is typically attributed to better communication of advice and information. Practitioners such as chiropractors are often used as a complementary form of care to primary medical intervention.

Chiropractic does not have the same level of mainstream[vague] credibility as other healthcare professions. Public perception of chiropractic compares unfavorably with mainstream medicine with regard to ethics and honesty: in a 2006 Gallup Poll of U.S. adults, chiropractors rated last among seven health care professions for level of honesty and ethical standards, with 36% of poll respondents rating chiropractors very high or high; the corresponding ratings for the other professions ranged from 62% for dentists to 84% for nurses.

The 2008 book *Trick or Treatment* states that chiropractors, especially in America, have a reputation for unnecessarily treating patients, and in many circumstances the focus seems to be put on economics instead of health care. Many chiropractors have sought to address their minor status within the U.S. medical community by attending practice-building seminars to assist chiropractors to persuade their patients of the efficacy of their treatments, increase their revenue, and boost their morale as unorthodox medical practitioners. Unsubstantiated claims about the efficacy of chiropractic have continued to be made by individual chiropractors and chiropractic associations.

The largest chiropractic associations in the U.S. and Canada distributed patient brochures which contained unsubstantiated claims. Sustained chiropractic care is promoted as a preventative tool, but unnecessary manipulation could present a risk to patients. Some chiropractors are concerned by the routine unjustified claims chiropractors have made. A 2010 questionnaire presented to UK chiropractors indicated only 45% of chiropractors disclosed with patients the serious risk associated with manipulation of the cervical spine as a direct consequence of the fear that the patient would refuse treatment despite knowing the moral responsibility.

Utilization of chiropractic care is sensitive to the costs incurred by the co-payment by the patient. The use of chiropractic declined from 9.9% of U.S. adults in 1997 to 7.4% in 2002; this was the largest relative decrease among CAM professions, which overall had a stable use rate. As of 2007 only 7% of the U.S. population is being reached by chiropractic.

Employment of U.S.

chiropractors is expected to increase 14% between 2006 and 2016, faster than the average for all occupations.

In the U.S., most states require insurers to cover chiropractic care, and most HMOs cover these services.

In Canada, there is lack of coverage under the universal public health insurance system.

In Australia, most private health insurance funds cover chiropractic care, and the federal government funds chiropractic care when the patient is referred by a medical practitioner.

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Chiropractic

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Vertebral subluxation ...

Vertebral subluxation

<http://en.wikipedia.org/wiki/Chiropractic>

Palmer hypothesized that vertebral joint misalignments, which he termed vertebral subluxations, interfered with the body's function and its inborn (innate) ability to heal itself. D.D. Palmer repudiated his earlier theory that vertebral subluxations caused pinched nerves in the intervertebral spaces in favor of subluxations causing altered nerve vibration, either too tense or too slack, affecting the tone (health) of the end organ. D.D. Palmer, using a vitalistic approach, imbued the term subluxation with a metaphysical and philosophical meaning. He qualified this by noting that knowledge of innate intelligence was not essential to the competent practice of chiropractic. This concept was later expanded upon by his son, B.J. Palmer and was instrumental in providing the legal basis of differentiating chiropractic medicine from conventional medicine. In 1910, D.D. Palmer theorized that the nervous system controlled health:

"Physiologists divide nerve-fibres, which form the nerves, into two classes, afferent and efferent. Impressions are made on the peripheral afferent fibre-endings; these create sensations that are transmitted to the centre of the nervous system. Efferent nerve-fibres carry impulses out from the centre to their endings. Most of these go to muscles and are therefore called motor impulses; some are secretory and enter glands; a portion are inhibitory, their function being to restrain secretion. Thus, nerves carry impulses outward and sensations inward. The activity of these nerves, or rather their fibres, may become excited or allayed by impingement, the result being a modification of functionality—too much or not enough action—which is disease."

Vertebral subluxation, a core concept of traditional chiropractic, remains unsubstantiated and largely untested, and a debate about whether to keep it in the chiropractic paradigm has been ongoing for decades. In general, critics of traditional subluxation-based chiropractic (including chiropractors) are sceptical of its clinical value, dogmatic beliefs and metaphysical approach. While straight chiropractic still retains the traditional vitalistic construct espoused by the founders, evidence-based chiropractic suggests that a mechanistic view will allow chiropractic care to become integrated into the wider health care community.

This is still a continuing source of debate within the chiropractic profession as well, with some schools of chiropractic still teaching the traditional/straight subluxation-based chiropractic, while others have moved towards an evidence-based chiropractic that rejects metaphysical foundations and limits itself to primarily neuromusculoskeletal conditions.

In 2005, the chiropractic subluxation was defined by the World Health Organization as "a lesion or dysfunction in a joint or motion segment in which alignment, movement integrity and/or physiological function are altered, although contact between joint surfaces remains intact.

It is essentially a functional entity, which may influence biomechanical and neural integrity."

This differs from the medical definition of subluxation as a significant structural displacement, which can be seen with static imaging techniques such as X-rays.

The 2008 book *Trick or Treatment* states "X-rays can reveal neither the subluxations nor the innate intelligence associated with chiropractic philosophy, because they do not exist."

Attorney David Chapman-Smith, Secretary-General of the World Federation of Chiropractic, has stated that "Medical critics have asked how there can be a subluxation if it cannot be seen on x-ray."

The answer is that the chiropractic subluxation is essentially a functional entity, not structural, and is therefore no more visible on static x-ray than a limp or headache or any other functional problem."

The General Chiropractic Council, the statutory regulatory body for chiropractors in the United Kingdom, states that the chiropractic vertebral subluxation complex "is not supported by any clinical research evidence that would allow claims to be made that it is the cause of disease."

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Safety ...

Safety

<http://en.wikipedia.org/wiki/Chiropractic>

Chiropractic care in general is safe when employed skilfully and appropriately. Manipulation is regarded as relatively safe, but as with all therapeutic interventions, complications can arise, and it has known adverse effects, risks and contraindications. Absolute contraindications to spinal manipulative therapy are conditions that should not be manipulated; these contraindications include rheumatoid arthritis and conditions known to result in unstable joints.

Relative contraindications are conditions where increased risk is acceptable in some situations and where low-force and soft-tissue techniques are treatments of choice; these contraindications include osteoporosis. Although most contraindications apply only to manipulation of the affected region, some neurological signs indicate referral to emergency medical services; these include sudden and severe headache or neck pain unlike that previously experienced.

Spinal manipulation is associated with frequent, mild and temporary adverse effects, new or worsening pain or stiffness in the affected region. They have been estimated to occur in 33% to 61% of patients, and frequently occur within an hour of treatment and disappear within 24 to 48 hours; adverse reactions appear to be more common following manipulation than mobilization. Chiropractors are more commonly associated with serious manipulation related adverse effects than other professionals.

Rarely, spinal manipulation, particularly on the upper spine, can also result in complications that can lead to permanent disability or death; these can occur in adults and children. Estimates vary widely for the incidence of these complications, and the actual incidence is unknown, due to high levels of under-reporting and to the difficulty of linking manipulation to adverse effects such as stroke. Adverse effects are poorly reported in recent studies investigating chiropractic manipulations.

Rate for adverse events varied between 33% and 60.9%. The study reported frequency of serious adverse effect as between strokes 50 per 100,000, 1.46 per 10million serious adverse events and death rate of 2.68 per 10 million, though it was determined that there was inadequate data to be conclusive.

Several case reports show temporal associations between interventions and potentially serious complications. The published medical literature contains reports of 26 deaths since 1934 following chiropractic manipulations and many more seem to remain unpublished. Vertebrobasilar artery stroke is statistically associated with chiropractic services in persons under 45 years of age, but it is similarly associated with general practitioner services, suggesting that these associations are likely explained by pre-existing conditions. Weak to moderately strong evidence supports causation (as opposed to statistical association) between cervical manipulative therapy and vertebrobasilar artery stroke. A 2012 systematic review determined that there is insufficient evidence to support a strong association or no association between cervical manipulation and stroke.

Chiropractors, like other primary care providers, sometimes employ diagnostic imaging techniques such as X-rays and CT scans that rely on ionizing radiation. Although there is no clear evidence for the practice, some chiropractors may still X-ray a patient several times a year. Research suggests that most chiropractors in Canada are taught and follow stringent radiography guidelines, which were developed to reduce unnecessary radiography.

Risk-benefit

A 2012 systematic review concluded that no accurate assessment of risk-benefit exists for cervical manipulation. A 2010 systematic review stated that there is no good evidence to assume that neck manipulation is an effective treatment for any medical condition and suggested a precautionary principle in healthcare for chiropractic intervention even if a causality with vertebral artery dissection after neck manipulation were merely a remote possibility. The same review concluded that the risk of death from manipulations to the neck outweighs the benefits. Chiropractors have criticized this conclusion.

A 2009 review evaluating maintenance chiropractic care found that spinal manipulation is routinely associated with considerable harm and no compelling evidence exists to indicate that it adequately prevents symptoms or diseases, thus the risk-benefit is not evidently favorable.

A 2008 summary found that the best evidence suggests that chiropractic care is a useful therapy for subjects with neck or low-back pain for which the risks of serious adverse events should be considered negligible. A 2007 systematic review found that with uncertain efficacy and definite risks, the risk-benefit balance of spinal manipulation can't be positive. A 2006 systematic review of systematic reviews found the risk-benefit balance does not favor spinal manipulation over other treatments like physical therapy.

Cost-effectiveness

Cost-effectiveness

<http://en.wikipedia.org/wiki/Chiropractic>

A 2012 systematic review suggested that the use of spine manipulation in clinical practice is a cost-effective treatment when used alone or in combination with other treatment approaches. A 2011 systematic review found evidence supporting the cost-effectiveness of using spinal manipulation for the treatment of sub-acute or chronic low back pain; the results for acute low back pain were inconsistent. A 2006 qualitative review found that the research literature suggests that chiropractic obtains at least comparable outcomes to alternatives with potential cost savings.

A 2006 systematic cost-effectiveness review found that the reported cost-effectiveness of chiropractic manipulation in the United Kingdom compared favorably with other treatments for back pain, but that reports were based on data from clinical trials without sham controls and that the specific cost-effectiveness of the treatment (as opposed to non-specific effects) remains uncertain. A 2005 American systematic review of economic evaluations of conservative treatments for low back pain found that significant quality problems in available studies meant that definite conclusions could not be drawn about the most cost-effective intervention. The cost-effectiveness of maintenance chiropractic care is unknown.

Public health

Further information: Vaccine controversy and alternative medicine and Water fluoridation controversy

Some chiropractors oppose vaccination and water fluoridation, which are common public health practices. Within the chiropractic community there are significant disagreements about vaccination, one of the most cost-effective public health interventions available. Most chiropractic writings on vaccination focus on its negative aspects, claiming that it is hazardous, ineffective, and unnecessary. Some chiropractors have embraced vaccination, but a significant portion of the profession rejects it, as original chiropractic philosophy traces diseases to causes in the spine and states that vaccines interfere with healing.

The extent to which anti-vaccination views sustain the current chiropractic profession is uncertain. The American Chiropractic Association and the International Chiropractors Association support individual exemptions to compulsory vaccination laws, and a 1995 survey of U.S. chiropractors found that about a third believed there was no scientific proof that immunization prevents disease. The Canadian Chiropractic Association supports vaccination; a survey in Alberta in 2002 found that 25% of chiropractors advised patients for, and 27% against, vaccinating themselves or their children.

Early opposition to water fluoridation included chiropractors, some of whom continue to oppose it as being incompatible with chiropractic philosophy and an infringement of personal freedom. Other chiropractors have actively promoted fluoridation, and several chiropractic organizations have endorsed scientific principles of public health.

In addition to traditional chiropractic opposition to water fluoridation and vaccination, chiropractors' attempts to establish a positive reputation for their public health role are also compromised by their reputation for recommending repetitive lifelong chiropractic treatment.

Controversy and criticism

Main article: Chiropractic controversy and criticism

Throughout its history chiropractic has been the subject of internal and external controversy and criticism. According to Daniel D. Palmer, the founder of chiropractic, subluxation is the sole cause of disease and manipulation is the cure for all diseases of the human race. A critical evaluation stated "Chiropractic is rooted in mystical concepts. This led to an internal conflict within the chiropractic profession, which continues today." Chiropractors, including D.D. Palmer, were jailed for practising medicine without a license. For most of its existence, chiropractic has battled with mainstream medicine, sustained by anti-scientific and pseudo-scientific ideas such as subluxation. Chiropractic has been controversial, though to a lesser extent than in past years. The American Medical Association has been long been particularly critical, as indicated by a 1966 targeting of chiropractors described as a "national campaign against medical quackery."

Chiropractic authors have stated that fraud, abuse and quackery are more prevalent in chiropractic than in other health care professions. Unsubstantiated claims about the efficacy of chiropractic have continued to be made by individual chiropractors and chiropractic associations. The core concept of traditional chiropractic, vertebral subluxation, is not based on sound science. The biomechanical listing systems taught in chiropractic college technique offerings have been criticized as inaccurate, inadequate and invalid. A critical evaluation found that research has not demonstrated that spinal manipulation, the main treatment method employed by chiropractors, is effective for any medical condition, with the possible exception of treatment for back pain., whereas, another review found manual therapies in general to be effective for back pain, neck pain, some forms of headaches and some extremity joint conditions. Although rare, spinal manipulation, particularly on the upper spine, can also result in complications that can lead to permanent disability or death; these can occur in adults and children.

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Traditional Mongolian medicine ...

Traditional Mongolian medicine

http://en.wikipedia.org/wiki/Traditional_Mongolian_medicine

Traditional Mongolian medicine developed over many years among the Mongolian people. Mongolian medical practice spread across their empire and became an ingrained part of many other people's medical systems.

History

The Mongols were part of a wider network of Eurasian people who had developed a medical system of their own, including the Chinese, Korean, Tibetan, Indian, Uighur, Islamic, and Nestorian Christians. They took the medical knowledge of these people, adapted it to develop their own medical system and at the same time organized an exchange of knowledge between the different people in their empire. On their journeys throughout Asia, the Mongols brought with them a team of doctors. Usually foreign, these doctors themselves had brought medical knowledge from other people in Asia to the Mongol court. They serve three purposes on the journeys on which they accompanied Mongol princes. Their first purpose was to be the personal physicians of the princes in case they required medical attention. The second was to observe and obtain any new medical knowledge from the various groups of people that they encountered. Finally, they were to also spread the medical knowledge that the Mongols had put together to the peoples they encountered. The Mongols were also able to contribute new or more advanced knowledge on topics such as bone setting and treatments of war wounds because of their nomadic lifestyle. The Mongols were the first people to establish a link between diet and health.

Traditional Mongolian doctors were known as shaman, or holy men. They relied on magic and spiritual powers to cure illness. They were called on to determine whether the illness was caused by natural means or because of malicious wishes. Though they were often used as healers, their main strength was in prophecy readings. Foreign physicians who used herbs to treat illness were distinguished from the shamans by their name, *otochi*, which meant herb user or physician. It was borrowed from the Uighur word for physician, which was *otachi*. When Mongolian medicine began to transition to using herbs and other drugs and had the service of foreign doctors, the importance of shamans as medical healers began to decline.

Treatment practices

Animal blood

Animal blood was used to treat a variety of illness, from gout to blood loss. Recorded in the Yuan Shih, are many incidents where the blood of a freshly killed animal, usually a cow or an ox, was used to treat illness. Gout, which was a common affliction of the Mongol people, was treated by immersing the afflicted body part into the belly of a freshly killed cow. Placing a person in the stomach of an animal was also used as a method of blood transfusion. On the battlefield, when a soldier became unconscious due to massive amount of blood loss, he would be stripped and placed into the stomach of a freshly killed animal until he became conscious again. In less severe cases, the skin of a freshly killed ox was combined with the masticated grass found in a cow's stomach to form a sort of bandage and ointment to heal battle wounds. It was believed that the stomach and fat of the freshly killed animal could absorb the bad blood and restore the wounded to health.

Minerals

Mongolian medical literature mentions the use of minerals in medicine, usually in the form of powdered metals or stones. From the Chinese, Mongolians also used cinnabar or mercury sulfide as treatment options, despite the high number of casualties it caused. Both the Chinese and the Mongols believed that cinnabar and mercury sulfide were the elixir to life.

Herbs

Herbs were the mainstay of Mongolian medicine; legend had it that any plant could be used as a medicine. An emchi is quoted as saying:

All those flowers, on which butterflies sit, are ready medicine for various diseases. One can eat such flowers without any hesitation. A flower rejected by the butterflies is poisonous, but it can become medicine, when it is properly composed.

[edit]Acupuncture and moxibustion

The Mongolian adopted the practice of acupuncture from the Chinese. They adapted this tradition and made it a Mongolian form of treatment when they burned herbs over the various power points rather than used a needle. The tradition of Moxibustion (burning mugwort over acupuncture points) was developed in Mongolia and later incorporated into Tibetan medicine.

Water

One unusual aspect of Mongolian medicine is the use of water as a medicine. Water was collected from any source, including the sea, and stored for many years until ready for use. Acidity and other stomach upsets were said to be amenable to water treatments.

Bone setting

See also: Bonesetter

Bone setting is a branch of Mongolian medicine carried out by Bariachis, specialist bone setters. They work without medicines, as anaesthetics or instruments. Instead they rely on physiotherapy to manipulate bones back to their proper position. This was done without any pain to the patient. Bariachis are laypeople, without medical training, and are born into the job, following the family tradition. They had the ability to fix any bone problem, no matter how severe or difficult. When Chinese physicians were brought into the Mongolian empire, Wei Yilin, a famous Yuan orthopaedic surgeon established particular methods for setting fractures and treating shoulder, hip, and knee dislocations. He also pioneered the suspension method for joint reduction. He was not only an orthopaedic surgeon but also an anaesthesiologist who used various folk medicine for anaesthetics during his operations. It appears that this traditional practice is in decline, and that no scientific research has been carried out into it.

Mongolian

Pulse diagnosis - Traditional Mongolian medicine

Pulse diagnosis

http://en.wikipedia.org/wiki/Traditional_Mongolian_medicine

Pulse diagnosis is very popular in Western Asia and especially Iran, and its introduction to the Islamic West can be traced back to the Mongol word for pulse, *mai*, has Chinese etymology. In China, pulse diagnosis was related to the balance between the yin and the yang. Diseases were believed to be caused by an imbalance of the yin and the yang. However, when the Mongol adopted this medical practice the pulse was directly related to moral order and that when the moral order was chaotic, so the pulse would be chaotic and in belief is highlighted in a story recounted in the Yuan Shih. In 1214, Ogodei Qa'an had an irregular pulse, and was very ill. His physician ordered that a general amnesty be declared all across the empire. Shortly afterwards, Ogodei Qa'an was restored to regular once again. For the Mongol, this account gives evidence to the direct relationship between pulse and moral order. Pulse became the primary diagnosis tool and became the cornerstone of Mongolian medicine. Qubilai decreed that Chinese manual medicine be translated to Mongolian. His successor, Temur, in 1305, ordered that pulse diagnosis be one of the ten compulsory Imperial Academy of Medicine medical students be tested. In pulse diagnosis, there was a distinction between measuring a child's pulse and an adult's pulse, and this distinction was greatly emphasized in the Chinese texts that were translated, and later in the Mongolian texts.

Discovery of the link between diet and health

In 1330, Hu Sihui, a Mongolian physician published Yinshan Zhengyao (Important Principles of Food and Drink). It was the first textbook, Hu Sihui preached the importance of a balanced diet with a focus on moderation, especially in drinking. He also listed the properties of various common foods, including fish, shellfish, meat, fruit, vegetables, and 230 cereals. Grapes were recommended for strengthening and boosting one's energy levels. However, eating too many apples could cause distension and indulging in tobacco could cause liver damage. A common menu item, dog meat, was very beneficial because it calmed the liver, spleen, heart, lungs, kidney. The link between diet and health was spread far and wide by the Mongols on their journeys across the Eurasian steppe lands.

Dom

Dom is the tradition of household cures, many based simply on superstition - one instance being that a picture of a donkey hanging in a room will help it sleep. Counting the frequency of breathing is also stated to be a relief for psychological problems and distress.

Eating papers

A printing stock found in eastern Mongolia in the 1920s documents a historical custom of eating a piece of paper with words to prevent or heal maladies. On fields of about 24x29 mm magical incantations in Tibetan are printed, along with use instructions. The practise apparently was part of lamaist popular medicine^[citation needed].

Traditional Mongolian medicine today

Today Mongolia is one of the few countries which officially supports its traditional system of medicine.

Since 1949, the Chinese government has steadily promoted advances in Mongolian medical care, research and education. Institutes of Traditional Chinese and Mongolian Medicine at the Inner Mongolia Medical College opened its doors to students. In 2000 a state of the art campus just outside of Hohhot City. The Chinese government has also established scores of Mongolian medicine hospitals, including 41 in Inner Mongolia, 3 in Xinjiang, and 1 each in Liaoning, Heilongjiang, Gansu and Qinghai.

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Traditional Tibetan medicine...

Traditional Tibetan medicine

http://en.wikipedia.org/wiki/Traditional_Tibetan_medicine

Traditional Tibetan medicine is a centuries-old traditional medical system that employs a complex approach to diagnosis, in such as pulse analysis and urinalysis, and utilizes behavior and dietary modification, medicines composed of natural materials (minerals) and physical therapies (e.g. Tibetan acupuncture, moxabustion, etc.) to treat illness.

The Tibetan medical system is based upon Indian Buddhist literature (for example Abhidharma and Vajrayana tantras) and is practiced in Tibet, India, Nepal, Bhutan, Ladakh, Siberia, China and Mongolia, as well as more recently in parts of Europe. It embraces the traditional Buddhist belief that all illness ultimately results from the three poisons: *ignorance, attachment and*

History

As Indian culture flooded Tibet in the eleventh and twelfth centuries, a number of Indian medical texts were transmitted. For example, the Ayurvedic *Astāngahrdayasamhitā* (Heart of Medicine Compendium attributed to Sushruta) was translated into Tibetan by Rinchen Zangpo (957–1055). Tibet also absorbed the early Indian Abhidharma literature, first the 5th century *Abhidharmakoshasābhasya* by Vasubandhu, which expounds upon medical topics, such as foetal development. A wide range of *Vairavāna tantras* containing practices based on medical anatomy were subsequently absorbed into Tibet.

Three principles of function

Like other systems of traditional Asian medicine, and in contrast to biomedicine, Tibetan medicine first puts forth a specific theoretical texts. To have good health, Tibetan medical theory states that it is necessary to maintain balance in the body's function [often translated as humors]: *rLung* (pron. Loong), *mKhris-pa* (pron. Tree-pa) [often translated as bile], and *Bad-ka*

- *rLung* is the source of the body's ability to circulate physical substances (e.g. blood), energy (e.g. nervous system impulses) (e.g. thoughts). In embryological development, the mind's expression of materialism is manifested as the system of *rLung*. There are five subcategories of *rLung* each with specific locations and functions: *Srog-'Dzin rLüng*, *Gyen-rGyu rLung*, *Khyab-Byed rLüng*
- *mKhris-pa* is characterized by the quantitative and qualitative characteristics of heat, and is the source of many functions such as metabolism, liver function and discriminating intellect. In embryological development, the mind's expression of aggression is manifested as the system of *mKhris-pa*. There are five distinct subcategories of *mKhris-pa* each with specific locations and functions: *'Ju-Bye mKhris-pa*, *mDangs-sGyur mKhris-pa*, *mThong-Byed mKhris-pa*, *mDog-Sel mKhris-pa*.
- *Bad-kan* is characterized by the quantitative and qualitative characteristics of cold, and is the source of many functions such as the maintenance of our physical structure, joint health and mental stability. In embryological development, the mind's expression of fear is manifested as the system of *Bad-kan*. There are five distinct subcategories of *Bad-kan* each with specific locations and functions: *Myag-byed Bad-kan*, *Myong-Byed Bad-kan*, *Tsim-Byed Bad-kan*, *'Byor-Byed Bad-kan*.

Usage

A key objective of the government of Tibet is to promote traditional Tibetan medicine among the other ethnic groups in China. In the past, the monastic secret, the Tibet University of Traditional Tibetan Medicine and the Qinghai University Medical School now offer traditional Tibetan medicine. In addition, Tibetologists from Tibet have traveled to European countries such as Spain to lecture on the topic.

The Tibetan government-in-exile has also kept up the practise of Tibetan Medicine in India since 1961 when it re-established the Tibetan Medical and Astrological Institute. It now has 48 branch clinics in India and Nepal.

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Unani Tibb Medicine

Unani Tibb Medicine

<http://www.integrativemedicine.co.za/unani-tibb-medicine.html>

WHAT IS UNANI-TIBB?

Unani-Tibb (also known as Unani Medicine or Tibb) is a system of medicine based on the teachings of Hippocrates and Galen, which was developed into a comprehensive healthcare system by Arabic physicians, especially Ibn Sina (aka Avicenna). The key principle is that the body has a potent ability to heal itself and maintain optimum health; so any therapy must support and augment this, and not diminish it. In addition, Unani-Tibb accepts that every person is unique, and this must be taken into account in both diagnosis and treatment.

Empowerment of the individual is an essential aspect of Unani-Tibb healthcare, so knowledge of self and the disorder features prominently in treatment. Treatment is designed to enhance self-healing. In Unani-Tibb, this relies on personal lifestyle reform where appropriate, or in addition, more therapeutic measures, such as herbal medication, 'hands-on' therapy and dietary changes.

PRINCIPLES OF UNANI-TIBB

Unani-Tibb philosophy is largely based on four key axioms:

The first is Temperament, which reflects the uniqueness of each individual. This is important in both diagnosis and treatment. Second, Physis is the body's innate power for self-healing. The prime objective of Unani-Tibb therapy is to support Physis, and not suppress it; then by the rational use of natural and herbal medications; and finally by the rational application of specific therapies.

Third is the Qualities, an old concept given a new perspective in Unani-Tibb, taking into account recent developments in clinical medicine.

Finally, there are the Lifestyle Factors. Unani-Tibb strongly believes that lifestyle diseases - for example, cancer, diabetes and heart disease - are preventable.

THE MAIN ASPECTS OF UNANI-TIBB HEALTHCARE

The focus is on achieving optimum health, rather than suppressing disease.

Unani-Tibb therapy targets the underlying causes of the person's disorder, rather than concentrating mainly on symptoms. Hence, the focus is on prevention.

All Unani-Tibb treatment is, without exception, designed to support inner healing, or Physis. It supports the mantra: "Treat the person, not the disease."

Unani-Tibb regards the body and mind as being strongly interconnected. It has always accepted that virtually all diseases have a psychological component. Unani-Tibb views the patient as a unique individual, rather than a living specimen of a particular disorder. Every person is treated as an individual.

Diagnosis is carried out bearing in mind the patient's temperament, which is, in brief, an amalgam of personality and constitution.

The foundation of Unani-Tibb therapy is lifestyle reform. This embraces changing a person's diet where necessary, encouraging regular exercise, and ensuring adequate rest. Unani-Tibb employs a number of 'hands-on' therapies, such as massage, acupuncture, aromatherapy and therapeutic cupping. Empowering the patient is an important aspect of Unani-Tibb, as this improves motivation and so brings a better outcome. In addition, Unani-Tibb relies exclusively on natural approaches. The use of new-to-nature substances, such as conventional drugs or chemicals, is avoided.

Unani-Tibb accepts that disorders which have had months, maybe years, to develop are not likely to be cured rapidly. Supportive therapy is essential.

THE ROLE OF UNANI-TIBB IN INTEGRATIVE MEDICINE

Opposition to conventional medicine has been building up for some time. The reasons are well defined, and familiar to most people.

Essentially the thrust of Unani-Tibb therapy is to support Physis in restoring harmony, and so rectify the disorder. However, it is not a substitute for conventional medicine.

UNANI-TIBB STRUCTURES IN SOUTH AFRICA

The Ibn Sina Institute of Tibb was set up in 1997, together with the South African Tibb Association.

Unani-Tibb was included as the eleventh modality of the Allied Health Professional Council of South Africa in 2001. This Council is the regulatory body for Unani-Tibb, which is one of the categories of Complementary Medicines, regulated by the South African Medicines Control Council.

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Uroopathy – Unani – (Glossary of alternative medicine)

http://en.wikipedia.org/wiki/Glossary_of_alternative_medicine

Reiki is a form of treatment developed by Mikao Usui in Japan around 1922. Practitioners use their hands on or above the p

Reflexology

Thalassotherapy – the use of seawater as a form of therapy. Thalassotherapy was popular in England during the second half

Therapeutic music – music played live at the bedside of persons who are faced with physical, emotional, and spiritual chall

Traditional Chinese medicine (TCM) is a system of health care which is based on the Chinese notion of harmony and balan

Acupressure

Acupuncture

Chinese martial arts

Chinese pulse diagnosis

Coin rubbing

Cupping

Five Elements

Food therapy

Herbology

Jing

Meridian

Moxibustion

Neigong

Qigong

San Jiao

Shen

Tao Yin

TCM model of the body

Trigger point

Tui na

Yin and yang

Zang Fu theory

History of traditional Chinese medicine

Traditional Japanese medicine – Pre-Western Japanese medicine was strongly influenced by traditional Chinese medicine ar

Shiatsu

Japanese martial arts

Unani

Uroopathy is a specialized branch of alternative medicine, including any sort of oral or external application of urine for medi

Water cure (therapy) in the therapeutic sense is a course of medical treatment by hydrotherapy. In the nineteenth century, th

Wellness has been used in CAM contexts since Halbert L. Dunn began using the phrase "high level wellness" in the 1950s,

Yoga is a diverse and ancient East Indian practice. There are many different styles and schools of yoga. It is generally a con

Unani

Unani

Tibetan

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CHAPTER SEVEN

CHAPTER 7

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7 Traditional Chinese Medicine (TCM)

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Chinese

Traditional medicine

CHAPTER 7

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Traditional Chinese Medicine (TCM)

Chinese

Herbal Medicine

What is Chinese Herbal Medicine

What is Chinese Herbal Medicine?

Together with acupuncture, herbal medicine is a major pillar of Chinese medicine. Chinese herbal medicine works through t

The Chinese pharmacopoeia lists over 6,000 different medicinal substances in terms of their properties and the disharmonie:

Traditional Chinese Medicine

Traditional Chinese Medicine

<http://www.integrativemedicine.co.za/traditional-chinese-medicine.html>

Traditional Chinese Medicine is thousands of years old and has developed over time as the result of the experience of the an

The earliest texts were added to, tested in the field and followed by numerous commentaries and discussions; and it would

Its basic concepts were established at a time when people lived closer to nature and observed the changing season so that the

When this system was disturbed then the ancient practitioners recognized various 'patterns' of ill health. If these energetic pa

The focus of treatment was not on the disease but on correcting the disturbed pattern. Behind the disturbed pattern was the p

EXAMINING THE PATIENT

The TCM practitioner looks for signs of Qi imbalance. Qi may be over active, under active or blocked in its flow. An over a

ACUPUNCTURE POINTS AND MERIDIANS

Qi flows on the surface of the body and also within the body connecting the various organs. On the surface of the body TCM

Acupuncture points are entry points into the meridian system. In this way practitioners can influence the flow of energy in th

TREATMENT

Armed with the pattern diagnosis, the practitioner then decides on treatment. The purpose of the treatment is not to treat the

Over many hundred of years, various techniques and approaches were developed which are still used today. The three main

Acupuncture is becoming increasing popular among western practitioners. Its results are often dramatic, and while needles a

Information provided by Dr B Brom www.creatinghealth.co.za

Traditional Chinese medicine (TCM) ...

Traditional Chinese medicine

http://en.wikipedia.org/wiki/Traditional_Chinese_medicine

From Wikipedia, the free encyclopaedia

Traditional Chinese medicine (TCM) is a broad range of medicine practices sharing common theoretical concepts. The doctrines of Chinese medicine are rooted in books such as the Yellow Emperor's Inner Canon and the Treatise on Cold Damage Disorders. TCM's view of the body places little emphasis on anatomical structures, but is mainly concerned with the identification of functional imbalances.

History

The Compendium of Materia Medica is a pharmaceutical text written by Li Shizhen (1518–1593 AD) during the Ming Dynasty.

Acupuncture chart from Hua Shou (fl. 1340s, Yuan Dynasty). This image from Shi si jing fa hui (Expression of the Fourteen

The first traces of therapeutic activities in China date from the Shang dynasty (14th–11th centuries BCE). Though the Shang

Stone and bone needles found in ancient tombs have made Joseph Needham speculate that acupuncture might have originated

The Yellow Emperor's Inner Canon, the oldest received work of Chinese medical theory, was compiled around the first century

The Treatise on Cold Damage Disorders and Miscellaneous Illnesses was collated by Zhang Zhongjing sometime between 1

In the centuries that followed the completion of the Yellow Emperor's Inner Canon, several shorter books tried to summarize

Historical physicians

These include Zhang Zhongjing, Hua Tuo, Sun Simiao, Tao Hongjing, Zhang Jiegu, and Li Shizhen.

Philosophical background

Traditional Chinese medicine (TCM) is based on Yinyangism (i.e., the combination of Five Phases theory with Yin-yang theory).

Yin and yang symbol for balance. In Traditional Chinese Medicine, good health is believed to be achieved by a balance between

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Diagnosics - Traditional Chinese medicine (TCM)

Diagnosics

In TCM, there are five diagnostic methods: inspection, auscultation, olfaction, inquiry, and palpation.

Inspection focuses on the face and particularly on the tongue, including analysis of the tongue size, shape, tension, color and

Auscultation refers to listening for particular sounds (such as wheezing).

Olfaction refers to attending to body odor.

Inquiry focuses on the "seven inquiries", which involve asking the patient about the regularity, severity, or other characteristics of

chills

fever

perspiration

appetite
thirst
taste
defecation
urination
pain
sleep
menses
leukorrhea

Palpation includes feeling the body for tender A-shi points, palpation of the wrist pulses as well as various other pulses, and

Pulse palpation involves measuring the pulse both at a superficial and at a deep level at three different locations on the radia

Herbal medicine

Main article: Chinese herbology

See also: List of medicines in traditional Chinese medicine

Assorted dried plant and animal parts used in traditional Chinese medicines, clockwise from top left corner: dried Lingzhi (l

Artemisia annua, one kind of wormwood, is used to treat fevers. It has been found to have antimalarial properties.

Prescriptions

Typically, one batch of medicinals is prepared as a decoction of about 9 to 18 substances. Some of these are considered as n

Raw materials:

There are roughly 13,000 medicinals used in China and over 100,000 medicinal recipes recorded in the ancient literature. Pl

Animal substances

Some animal parts used as medicinals can be considered rather strange such as cows' gallstones. Some can include the parts

Since TCM recognizes bear bile as a medicinal, more than 12,000 asiatic black bears are held in "bear farms", where they su

Australian scientists have developed methods to identify medicines containing DNA traces of endangered species.

Human body parts

Traditional Chinese Medicine also includes some human parts: the classic *Materia medica* (*Bencao Gangmu*) describes the t

Traditional categorization

The traditional categorizations and classifications *that can still be found today are:*

classification according to the Four Natures: hot, warm, cool, or cold (or, neutral in terms of temperature). Hot and warm he

classification according to the Five Flavors, (五味, pinyin: wǔ wèi, sometimes also translated as Five Tastes): acrid, sweet,

classification according to the meridian – more precise, the zàng-organ including its associated meridian – which can be exp

categorization according to the specific function. These categories mainly *include:*

exterior-releasing or exterior-resolving

heat-clearing

downward-draining or precipitating

wind-damp-dispelling

dampness-transforming

promoting the movement of water and percolating dampness or dampness-percolating

interior-warming
qi-regulating or qi-rectifying
dispersing food accumulation or food-dispersing
worm-expelling
stopping bleeding or blood-stanching
quicken the Blood and dispelling stasis or blood-quicken
transforming phlegm, stopping coughing and calming wheezing or phlegm-transforming and cough- and panting-suppressin
Spirit-quieting
calming the Liver and expelling wind or Liver-calming and wind-extinguishing
orifice-opening
supplementing: this includes qi-supplementing, blood-nourishing, yin-enriching, and
yang-fortifying.
astriiction-promoting or securing and astringing
vomiting-inducing
substances for external application

Efficacy

Regarding Traditional Chinese herbal therapy, only a few trials of adequate methodology exist and its effectiveness therefor

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Acupressure

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Acupressure

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Acupuncture

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Acupuncture

Introduction to Acupuncture

Acupuncture literally stands for needle piercing, and involves the practice of slowly pushing very fine needles into the skin.

Over the last forty years, acupuncture has become a well established, affordable and easily available treatment in both developed and developing countries. It is very easy to get information on acupuncture. Acupuncture is applied to regulate and correct the flow of qi to restore health.

In the hands of a certified professional, acupuncture is very safe and can help alleviate most health issues that we face in our daily lives.

They are pivotal in its specific role in helping to maintain good health and a person's well-being. Chinese Acupuncture softens the body and improves circulation.

Acupuncture

Research in Acupuncture

A stroke last year left him with difficulty in walking, numbness in one hand and unable to lift one of his arms. 'It has made a difference. When the doctors signed me off at the hospital, they said cheerio and that was it. I did have a bit of physiotherapy, but it's not helped. Pinpoint prowess

Researchers in Sweden have found that acupuncture is effective at relieving pelvic pain, a common complaint during pregnancy. A study in the British Medical Journal showed that patients with osteoarthritis in the knee who received acupuncture a well as a placebo. Children with hay fever and nasal allergies had fewer sneezing bouts and congestion after acupuncture compared with a placebo.

A study of rats showed that acupuncture lowered their blood pressure by as much as 50 per cent. Researchers in California also found that acupuncture lowered blood pressure in humans.

Acupuncture - Effect beyond Placebo, Harvard Study

http://www.naturalnews.com/025057_acupuncture_placebo_changes.html

Acupuncture Proven to have an Effect beyond Placebo, Harvard Study Concludes

Thursday, December 11, 2008 by: Dave Gabriele

(NaturalNews) Is acupuncture nothing more than a dressed-up placebo effect? Not according to a recent joint MIT-Harvard study. The effect of manual acupuncture in 12 healthy "acupuncture-naive" subjects (6 male, 6 female) was observed by monitoring brain activity.

The Study

The randomized study separated subjects into a real acupuncture group and a placebo acupuncture group. The placebo treatment was a sham acupuncture. During the course of four sessions, the researchers induced pain in the subjects by using heat in varying degrees of intensity. The fMRI was used to identify changes in neural activity by measuring blood flow in the brain. The [11C]diprenorphine PET scans were used to measure brain activity.

The Results of the Acupuncture Study

The Results

http://www.naturalnews.com/025057_acupuncture_placebo_changes.html

By comparing the two treatments, the study concluded that "... the reduction in pre- and post-treatment pain ratings was significantly greater for the acupuncture group than for the placebo group."

"We found more brain changes during true acupuncture than during placebo acupuncture," commented Darin D. Dougherty, MD, PhD.

The right orbitofrontal cortex (OFC) was the only brain region that showed a common change in both types of scans. During the placebo acupuncture treatment, the OFC showed a decrease in blood flow.

The data suggests that real acupuncture affects the brain differently than placebo acupuncture and is more effective than a placebo.

NCCAM

This study was funded by The National Centre for Complementary and Alternative Medicine (NCCAM). The NCCAM is the lead federal agency for research on complementary and alternative medicine.

The Author of the Acupuncture Study

About the author

http://www.naturalnews.com/025057_acupuncture_placebo_changes.html

Dave Gabriele, D.Ac, BA, is a registered acupuncturist, a practitioner of traditional Chinese medicine and a health researcher

Acupuncture ...

Acupuncture

http://en.wikipedia.org/wiki/Template_talk:Alternative_medical_systems

Re this change: normally acupuncture is not considered to be an alternative medical system in its own right: it is a healing p

Faith healing

Re this change, which introduced a wikilink to Faith healing: normally faith healing, like acupuncture, is not considered to b

Anthroposophic medicine

Re this change: as Anthroposophic medicine says, anthroposophic medicine is complementary medicine and not alternative
There is little (too little) distinction made between complementary and alternative medicine both here and elsewhere. For ex
I checked; NCCAM's category "alternative medical systems" explicitly relates to both complementary and alternative medic
Sorry, I don't follow the above remarks: the source you cite seems to say exactly the opposite of what you're saying. In NCC
"Yes, they are different.

Complementary medicine is used together with conventional medicine. An example of a complementary therapy is using ar
Alternative medicine is used in place of conventional medicine. An example of an alternative therapy is using a special diet
Eubulides (talk) 01:22, 5 December 2008 (UTC)

Pretty late comment here,... but we have discussed this to death prior to the merging of the various CAM articles. That NCC

Anthroposophy is considered an alternative medical system: see Holistic Nursing and Annex 1 of these Model Guidelines fr
Thanks for the cites, particularly the EU one. I added a few more from it. Eubulides (talk) 02:22, 5 December 2008 (UTC)
I think we need to be careful of using such promotional, self-published, publications and guidelines from the groups themse
We also need to avoid link bloat in such a template. Only old, large, and very well-established systems that have long prom
Good point about Neural therapy; I removed it. Any others? Eubulides (talk) 06:38, 1 March 2009 (UTC)

Please add a template of Academic resources....

or the one of academic journal--222.64.29.57 (talk) 02:03, 17 May 2009 (UTC)

As far as I know, there are no reliable sources for alternative medicine. SciMedKnowledge (talk) 02:15, 17 May 2009 (UTC)
In a certain sense that is true. The promotional ones are rarely RS, and the mainstream ones that discuss alternative medici
Alternative medicine critics

-- Brangifer (talk) 05:57, 17 May 2009 (UTC)

I agree that peer reviewed journals are highly critical. But almost any medical or scientific journal that is peer reviewed and

NEJM devoted a whole issue to it, and its editors had incisive comments. I think this is the editorial from that issue. *This is c*

Gerald Weissmann, Editor-in-Chief, The FASEB Journal. The Federation of American Societies for Experimental Biology,
-- Brangifer (talk) 07:51, 17 May 2009 (UTC)

The practice of acupuncture is based on the theory of meridians

The practice of acupuncture is based on the theory of meridians

<http://www.tcmec.org/foodtherapy.htm>

According to this theory, Qi (vital energy) and blood circulate in the body through a system of channels called meridians, cc
The direct translation of **Tui Na** is “push-pull”.

Tuina is an Oriental Bodywork Therapy that has been used in China for 2,000 years.

Tuina uses the traditional Chinese medical theory of the flow of Qi through the meridians as its basic therapeutic orientation

Tuina methods include the use of hand techniques to massage the soft tissue (muscles and tendons) of the body, acupressure

Acupuncture

Yin and Yang in Acupuncture and in Traditional Chinese Medicine (TCM)

Yin and Yang in Acupuncture and in Traditional Chinese Medicine (TCM)

The idea of harmony and balance is also the basis of yin and yang.

The principle that each person is governed by the opposing, but complementary forces of yin and yang, is central to all Chin

Traditionally, yin is dark, passive, feminine, cold and negative; yang is light, active, male, warm and positive.

Another simpler way of looking at yin and yang is that there are two sides to everything - happy and sad, tired and energetic
Yin and yang are the opposites that make the whole.

They cannot exist without each other and nothing is ever completely one or the other.

There are varying degrees of each within everything and everybody.

The tai chi symbol, shown above, illustrates how they flow into each other with a little yin always within yang and a little y

In the world, sun and fire are yang, while earth and water are yin.

Life is possible only because of the interplay between these forces. All of these forces are required for the life to exist.

Table 16 Yin and Yang in Acupuncture

| Yin Forces |
|-------------|
| Dark |
| Moon |
| Water |
| Passive |
| Descending |
| Female |
| Contracting |
| Cold |
| Winter |
| Interior |

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|------------------|
| Heavy |
| Bone |
| Front |
| Interior of Body |

The yin and yang is like a candle. Yin represents the wax in the candle. The flame represents the yang. Yin (wax) nourishes Yang consumes yin and, in the process, burns brightly. When the wax (yin) is gone, the flame is gone too. Ying is also gone. So, one can see how yin and yang depend on each other for their existence. You cannot have one without the other.

The body, mind and emotions are all subject to the influences of yin and yang.

When the two opposing forces are in balance we feel good, but if one force dominates the other, it brings about an imbalance.

One can compare the concept of yin and yang to the corresponding principle of tridoshas in Ayurveda, the ancient remedy. Ayurveda proposes that every person has vata, pitta and kapha.

When these are balanced, there is the state of perfect health.

When there are imbalances then there is disease.

One of the main aims of the acupuncturist is to maintain a balance of yin and yang within the whole person to prevent illness. Acupuncture is a yang therapy because it moves from the exterior to the interior.

Herbal and nutritional therapies, on the other hand, are yin therapies, as they move from the interior throughout the body.

Many of the major organs of the body are classified as yin-yang pairs that exchange healthy and unhealthy influences.

Yin and yang are also part of the eight principles of traditional Chinese medicine.

The other six are: cold and heat, internal and external, deficiency and excess.

These principles allow the practitioner to use yin and yang more precisely in order to bring more detail into his diagnosis.

Acupuncture

Acupuncture Proven

Acupuncture

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Yang Forces

Light

Sun

Fire

Active

Ascending

Male

Expanding

Hot

Summer

Exterior

| |
|------------------|
| Light |
| Skin |
| Back |
| Exterior of body |

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