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ARO-HEALING

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THE MILLENNIM AGE THERAPY

ARO-HEALING

THE MILLENNIM AGE THERAPY

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'I INVENTED A THERAPY THAT IS ABLE TO PROMOTE HEALTH AND STIFLE AGE'

Due to the Founder being the only Aro-health specialist in South Africa, Aro-healing's services were not available during November and December 2009. However, the services commenced on the 8th of January 2010. The inconvenience you have experienced, will be duly rewarded. Have a great 2010!

Aro-healing is a relatively new therapy based in the Gauteng Province of South Africa. The development of Aro-healing was based on the concept that modern medicine is inadequate in healing a multitude of problems, both physically and spiritually, and is unable to duplicate the secrets of healing found in nature.

Although Aro-Healing covers a wide field, I stress Touch-Therapy as a means of healing and bonding. There is nothing more healing than the energy which flows from positive touch.

A series of Articles written by Dr John Cormack will appear on FAQ's and NEWSLETTERS/BLOG. Be sure to follow them as they appear each day. These Articles will be taken from THE HEALTH FILE A Complete Medical Encyclopedia, A MARSHALL CAVENDISH REFERENCE COLLECTION by DR JOHN CORMACK, WEEKLY Australia, New Zealand, Malaysia Singapore Malta RSA Other Countries Namibia, in the following categories TESTS AND TREATMENT Pg 15, NATURE'S CLINIC Pg 7, MEDICAL MATTERS Pg 17, BODY BASICS Pg A – Z, EDICHECK Pg 9, INSIGHT Pg 11, CHILD HEALTH Pg 11, EMERGENCY ACTION Pg 9 DR JOHN CORMACK, BDS MB BS MRCS LRCP, is the medical consultant to The Health File. The senior partner in an Essex-based practice, he is also a member of the General Medical Council and has written for numerous magazines and news-papers as well as for the medical press. He is a regular broadcaster on television and radio and has scripted a number of award-winning educational videos. Note: Where gender is unspecified individuals are referred to as 'he'. This usage is for convenience only and not (Due to the urgency of education on this site, photos and charts in the script have been left out).

Discussions on this website during 2009:

DRUG DEPENDENCY - 2009-07-26

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DIFFICULTY SLEEPING - 2009-07-25

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AN EXTENDED EROTIC MASSAGE - 2009-07-09

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TWINS Special problems of twinship - 2009-06-28

TEMPERAMENT We categorize people according to their physique - 2009-06-25

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FACIAL AND SCALP EXERCISES Exercise routine for relaxation - 2009-06-23

HYPNOTIC DRUGS must be prescribed and taken with care - 2009-06-21

HYPNOTIC DRUGS must be prescribed and taken with care - 2009-06-21

TELEPATHY Many claims have been made for telepathy - 2009-06-21

TOTAL ALLERGY SYNDROME An allergic response to 'everything' - 2009-06-10

TOUCH is fundamental to life - 2009-06-05

TENSION Prolonged tension can lead to stress - 2009-06-04

TENDERNESS satisfies a fundamental human need - 2009-06-04

Tension Prolonged tension can lead to stress - 2009-06-03

Telepathy: Many claims have been made for telepathy - 2009-06-03

HOT FLUSHES The majority of women - 2009-06-03

GROUP THERAPY Group therapy is a way of giving psychological help - 2009-06-01

GOUT: Most people dismiss gout - 2009-05-31

GYNAECOLOGY: There are many medical, surgical and psychological problems which are specific to women. - 2009-05-

FOOD CRAVINGS: The occasional food craving is harmless, but don't let this get out of hand. - 2009-05-30

GASTRO ENTERITIS: The inflammation of the stomach lining is called gastritis; that of the bowels, enteritis. - 2009-05-

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DRINKING MINERAL WATERS FOR HEALTH - 2009-05-25

FATHERHOOD: fathers are expected to share - 2009-05-25

FAITH HEALING has its ardent supporters - 2009-05-25

PLEASURE IN PAIN: Most people would find a desire to hurt or to be hurt quite repugnant. - 2009-05-25

HOLIDAY HEALTH - A happy holiday can be ruined by unexpected illness - 2009-05-25

Developing managers - Applied ideas about influence, learning and groups - 2009-05-24

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2009 ARTICLE DISCUSSIONS:

HEALTH:

BIOPSY, CANCER, TENNIS ELBOW, TOTAL ENERGY SYNDROME, HOT FLUSHES, GOUT, GYNAECOLOGY, GASTRO-ENTERITIS, HYDRO CEPHALUS, GRAFTING, THE HEART AT FAULT, IS YOUR CORONARY NECESSARY, BLOOD TRANSFUSIONS, THE BREATH OF LIFE, PORTRAIT OF AN OPERATION, DO-IT-YOURSELF DOCTORS, ON THE TRACK OF INFLUENZA, CENTURY CURE, DIETS AND DISEASE, DISEASES THAT MEN ARE PRONE TO, HOW TO TREAT A BURN, WHAT FIRST AID TREATMENT DO I USE FOR BURNS, SHOULD I BE IMMUNISED AGAINST TETANUS, WHAT IS THALASSAEMIA, WHAT IS ALL THE FUSS ABOUT GINSENG? GONORRHOEA, CAN HERPES CHANGE INTO SHINGLES, HOW OFTEN DOES A WOMAN NEED ESSENTIAL HEALTH CHECKS, FOETAL DEFORMITY, WHY SHOULD THALIDOMIDE NOT BE TAKEN DURING EARLY PREGNANCY, SPIRULINA, ULCERS, EPILEPSY, GERIATRICS, TUMOURS, HYSTERECTOMY, HYPOCHONDRIA, OSTEOPATHY, ANTIBIOTICS, HERBAL MEDICINE, MEDICAL CHECK-UPS, OBSESSIVE COMPULSIVE DISORDER (OCD), MAMMOGRAM, KIDNEY TRANSPLANT, BACKACHE

BEAUTY:

A TEN MINUTE EROTIC MASSAGE, INSTANT ENERGY AT HOME AND AT WORK, AN EXTENDED EROTIC MASSAGE, LEARN SUPER MASSAGE IN ONE EVENING, FACIAL EXERCISES, HEALTH FARMS, HOLIDAY HOW TO BOOST YOUR IMMUNE SYSTEM, STRESS AND YOUR BODY, LYMPHATIC DRAINAGE, THE IMPORTANCE OF PROTEINS, DOES MASSAGE HELP FOR STRESS, WHAT ARE THE BENEFITS OF MASSAGE, ARE WASTES EXPELLED FROM THE BODY AFTER A MASSAGE, WHAT CAN FIVE MINUTES OF VIGOROUS MASSAGE DO FOR ME, WHAT CAN MASSAGE DO FOR AN ATHLETE, WHY IS IT IMPORTANT TO GET SUN, HOW DO I CARE FOR OILY HAIR, CAN LASER TREATMENT REMOVE MY TATTOO WITHOUT LEAVING A SCAR?, WHY IS SUGAR BAD FOR ME, WHAT IS HYDROTHERAPY, THE PILL, WHAT EXACTLY ARE TRACE ELEMENTS, MINERAL WATERS, FOOD CRAVINGS, IS IT HEALTHY TO EAT WHOLEWHEAT BREAD, WHEN DOES ONE HAVE TO TAKE EXTRA VITAMINS, HEALTHY EATING HABITS, BACKACHE RELIEF, PAIN RELIEF, LIVE BETTER NATURALLY, USES OF HEAT TREATMENT, WHEN NEVER TO APPLY HEAT, DRY FLAKY SKIN, HOT OR COLD MASSAGE THERAPY, HEALTH FOODS, WEIGHT LOSS, TREATMENT OF HANDS, POOR BLOOD CIRCULATION, THE BLOOD AND ITS

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FIRES, DRINKING MINERAL WATER, FACTORY FRESH FOODS, VITAMINS – NATURE’S WAY, VITAMIN-E,

OTHER:

DRUG DEPENDENCY, DIFFICULTY SLEEPING, DEPRESSION, CRYSTALS, TWINS – SPECIAL PROBLEMS OF TWINSHIP, TEMPERAMENT, HYPNOTIC DRUGS, TELEPATHY, TOUCH, TENSION, TENDERNESS, GROUP THERAPY, FOOD CRAVINGS, FATHERHOOD, FAITH HEALING, PLEASURE IN PAIN, DEVELOPING MANAGERS, THE CHANGING FAMILY – ITS FUNCTION AND FUTURE, SPORT PSYCHOLOGY – ITS CONCEPTS AND APPLICATIONS, PLEASURE IN PAIN, DEVIATIONS OF DESIRE, THE RIGHT TO DIE, HOW TO TEACH YOUR BABY TO READ, OCCUPATIONAL THERAPY IN THE TREATMENT OF LEARNING DISORDERS, THE NEW SEXUALITY, SENSUAL TOUCH, ARE WE COMPLEX BEINGS, WHY DO CHILDREN TEASE EACH OTHER, DRUG ADDICTION, HYPNOSIS, BEREAVEMENT, PHOBIAS, INTROVERTS AND EXTROVERTS, SEXUALITY, SEXUAL PROBLEMS, DYSLEXIA, ATTENTION DEFICIT SYNDROME (ADD), HYPERACTIVITY, HOW TO BUILD SELF-ESTEEM, TENDER LOVING CARE, THE CHILD AND HIS WORLD, AFRICAN CHILDHOOD, HOPE FOR THE HANDICAPPED CHILD, HEROIN PROBLEMS OF THE ONE YEAR OLD

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BABY AND PET MASSAGE, THE MAKING OF LAUREN, PAMPER PLEASURE, BEAUTY CARE, HEALTHY LIVING, CORPORATE SERVICES ...

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HEALTH:

MALE MENOPAUSE, MASTURBATION, LIBIDO, INHIBITIONS, PERIOD PAINS, MASSAGE, LUPUS ERYTHEMATOSUS, ACUPUNCTURE, ABORTION, INFARCTION, KNEE, INFERTILITY, INFLAMMATION, INFLUENZA, LESBIANISM, LEUCORRHOEA, DILATION AND CURETTAGE, INFERTILITY, INFLAMMATION, INFLUENZA, MASTITIS, MASTOIDS, MEDICAL RESEARCH, MEDICAL ETHICS, MEDICAL TECHNOLOGY, MASTURBATION, LUMBAGO, DIPHTHERIA, LIFE EXPECTANCY, LUPUS ERYTHEMATOSUS, LASERS, MEASLES, MALNUTRITION, MASTITIS, MASTECTOMY, LYMPHATIC SYSTEM, LYMPHOCYTES, LYMPHOMA, MACROBIOTICS, MARFAN'S SYNDROME, MALIGNANCY, MANTOUX TEST, SUNBURN, DOUBLE VISION, DIZZINESS, LEISURE, LAPAROSCOPY, ACNE, INTERCOURSE, INTENSIVE CARE UNITS, FRACTURES, COMPLETE BEAUTY ... NATURE'S WAY, HEALTHIER LOAF, LIGHT TREATMENT, IMMUNIZATION, INCUBATORS, INCUBATION, INSOMNIA, KNEES, INTERNAL EXAMINATION, AVERY, BABY BOTTOMS, EMERGENCY, PERMONLIE, LARISION, EMOTIONS FOR WOMEN, JASMINE FOR MEN, ESTROGEN, ROSACEA, HERBS, IRRITABLE COLON, ISCHAEMIA, IODINE, INTROVERSION, ISOLATION, MALINGERING, Mallet Finger, Mastication, MASTOIDS, ABSCESS, ADENOIDS, MANIPULATION, MARASMUS, MARROW AND TRANSPLANTS, ABDOMEN, LACERATIONS, KIDNEY MACHINES, KLEPTOMANIA, KNOCK KWAASHIORKOR, KYPHOSIS, KIDNEY TRANSPLANTS, LAMINECTOMY, LANGUAGE, LAPAROTOMY, LARYNX AND LARINGITIS, A INJURIES, INSANITY, INSTINCT, INSTITUTIONAL CARE, INTELLIGENCE, INTERFERON, INSECTS, INSECURITY, INTESTINES: CHILDREN'S DISORDERS, INTOXICATION, JAUNDICE, INVALIDS, ISOMETRICS, ITCHES, IRRITANTS, JEJUNUM, KIDNEYS AND KIDNEY DISEASES, JOINTS, JET LAG, KELOIDS, KERATIN, KERATITIS, KETONES, FOOD ADDITIVES, FONTANELLES, FISTULA, FLATULENCE, FLEAS, FREEZING, FROST-BITE, GALL BLADDER AND STONES, DISTURBED CHILDREN, DIVERTICULITIS, DOCTORS, DONORS, DREAMING, DOG BITES, GO NUTTY, PREVENTING DENTAL TROUBLE, LUMBURE PUNCTURE, MALAISE, MADURA FOOT, MALARIA, LUNG AND LUNG DISEASES, LYING, LIETING, LIGAMENTS, LIGHTING, LIMBING, LINCTUS

BEAUTY:

BEAUTY NATURE'S WAY, CARING FOR KNEES AND ELBOWS, BRIGHT EYES, MASSAGE

HOME:

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ACUPUNCTURE, ADOLESCENCE, MANIA, MANIC DEPRESSION, MARITAL PROBLEMS,

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MASSAGE
SPORT MASSAGE
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IMPORTANCE OF THE HUMAN TOUCH

NURSING SKILLS

SYMPTOMS AND SIGNS OF SURGICAL DISEASE
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IF YOU ARE INTERESTED TO KNOW MORE ABOUT ANY OR ALL OF THE ABOVE, PLEASE SEND AN E-MAIL TO info@aro-healing.com INDICATING WHICH SUBJECTS YOU ARE INTERESTED IN. DON'T FORGET TO INCLUDE YOUR OWN E-MAIL ADDRESS SO THAT I CAN RESPOND TO YOUR E-MAIL.

Best Regards,

LYN

We wish the following businesses and clients a prosperous new year:

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KEMPTON PARK PRIME CURE OZONE LIFE MEDISYNE BEHEERRAAD WAVERLEY ANIMAL HOSPITAL
WAVERLEY BEAUTY CENTRE PLASTICWORLD SETCOM SUPPORT REITZER PHARMACY POLMED
MIDCITY PROPERTY LETTING MT PROPERTIES MUGSHOTS MUSICA VALUE MART WAVERLEY

PHARMACY ATLANTIC KWIKWAP PHARMA VALUE PHARMA-ETHICS ACUPUNCTURE CLINIC
AROMATIC ESSENTIAL OILS ESOTERIC OILS ATKV VILLA D'RUST OVERNIGHT BEELD STAR
CLASSIFIEDS SPECSAVERS BESTMED BETTER HEALTH CENTRE LERATO BRAND EVENTS BRUNEL LABS
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Besides enjoying themselves children learn through play. It helps to improv...more

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Q All of a sudden my 50-year-old husband has lost interest in sex. Is t...more

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Kwikwap Website Consultant: Deon - drb@kwikwap.co.za / 0761001683 Hits to date: 86353

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Aro-healing Revised Complementary Therapy (ARC)

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Ignac Semmelweis - Hungarian physician

Ignac Semmelweis

http://en.wikipedia.org/wiki/Quackery#Anti-quackery_organizations

Ignac Semmelweis (1818–1865), was a Hungarian physician described as the "savior of mothers". Despite discovering the importance of what later became hand disinfection thus reducing the incidence of puerperal fever, his theory was regarded with suspicion by many fellow scientists, including his supervisor in the Vienna General Hospital and later his peers in Budapest as well. Since it happened several decades before the explanation of the germ theory of disease, many of Semmelweis' contemporaries viewed his theories as unscientific, baseless speculation not unlike of those of earlier decades. He did not gain recognition in his life (for which he became rather bitter) nor his death: hardly any medical periodicals took note of his death, only a few people attended his funeral and the Hungarian Association of Physicians and Natural Scientist has failed to even mention his death. He was vindicated only after the confirmation of the germ theory of Louis Pasteur (1822–1895), was a French chemist best known for his remarkable breakthroughs in microbiology. His experiments confirmed the germ theory of disease, also reducing mortality from puerperal fever (childbed), and he created the first vaccine for rabies. He is best known to the general public for showing how to stop milk and wine from going sour – this process came to be called pasteurization. His hypotheses initially met with much hostility, and he was accused of quackery on multiple occasions. However, he is now regarded as one of the three main founders of microbiology, together Linus Pauling (1901–1994), a Nobel Prize winner in chemistry, Pauling spent much of his later career arguing for the treatment of somatic and psychological diseases with orthomolecular medicine. Among his claims were that the common cold could be cured with massive doses of vitamin C. Together with Ewan Cameron he wrote the "1979 book "Cancer and Vitamin C", which was again more popular with the public than the medical profession, which continued to regard claims about the effectiveness of vitamin C in treating or preventing cancer as quackery." A biographer has discussed how controversial his views on mega doses of Vitamin C have been and that he was "still being called a 'fraud' and a 'quack' by

Wilhelm Reich (1897–1957), Austrian-American Psychoanalyst. Claimed that he had discovered a primordial cosmic energy called Orgone. He developed several devices, including the Cloudbuster and the Orgone Accumulator, that he believed could use orgone to manipulate the weather, battle space aliens and cure diseases, including cancer. After an investigation, the FDA concluded that they were dealing with a "fraud of the first magnitude". On February 10, 1954, the U.S. Attorney for Maine filed a complaint seeking a permanent injunction under Sections 301 and 302 of the Federal Food, Drug, and Cosmetic Act, to prevent interstate shipment of orgone accumulators and to ban some of Reich's writing promoting and advertising the devices. Reich refused to appear in court, arguing that no court was in a position to evaluate his work. Reich was arrested for contempt of court, and convicted to 2 years in jail, a \$10,000 fine, and his Orgone Accumulators and work on Orgone were ordered destroyed. On August 23, 1956, six tons of his books, journals, and

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<http://www.aro-healing.com/wnewsdisp.php?id=14665>

"The true foundation of health care lies not in the eradication of disease, but in the promotion of health."

The Ancient Road to Radiant Health

Thousands of years ago, the people of China established an herbal system that today is considered the world over as one of the most sophisticated forms of natural health care.

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Homoeopathy is a system of alternative medicine originated in 1796 by Samuel Hahnemann, based on his doctrine of similia similibus curentur ("like cures like"), according to which a substance that causes the symptoms of a disease in healthy people will cure similar symptoms in sick people. Scientific research has found homoeopathic remedies ineffective and their postulated mechanisms of action implausible. The scientific community regards homoeopathy as a sham; the American Medical Association considers homoeopathy to be quackery, and homoeopathic remedies have been criticized

Hahnemann believed that the underlying cause of disease were phenomena that he termed miasms, and that homoeopathic remedies addressed these. The remedies are prepared by repeatedly diluting a chosen substance in alcohol or distilled water, followed by forceful striking on an elastic body, called succussion. Each dilution followed by succussion is said to increase the remedy's potency. Dilution sometimes continues well past the point where none of the original substance remains. Homoeopaths select remedies by consulting reference books known as repertories, considering the totality of the patient's symptoms as well as the patient's personal traits, physical and psychological state, and life history.

The low concentration of homoeopathic remedies, which often lack even a single molecule of the diluted substance, has been the basis of questions about the effects of the remedies since the 19th century. Modern advocates of homoeopathy have suggested that "water has a memory" – that during mixing and succussion, the substance leaves an enduring effect on the water, perhaps a "vibration", and this produces an effect on the patient. This notion has no scientific support. Pharmacological research has found instead that stronger effects of an active ingredient come from higher, not lower

Homoeopathic remedies have been the subject of numerous clinical trials. Taken together, these trials showed at best no effect beyond placebo, at worst that homoeopathy could be actively harmful. Although some trials produced positive results, systematic reviews revealed that this was because of chance, flawed research methods, and reporting bias. The proposed mechanisms for homoeopathy are precluded by the laws of physics from having any effect. Patients who choose to use homoeopathy rather than evidence based medicine risk missing timely diagnosis and effective treatment of serious conditions. The regulation and prevalence of homoeopathy vary greatly from country to country.

Historical context

Hippocrates, in about 400 BC, perhaps originated homoeopathy when he prescribed a small dose of mandrake root – which in larger doses produced mania – to treat mania itself; in the 16th century the pioneer of pharmacology Paracelsus declared that small doses of "what makes a man ill also cures him." Samuel Hahnemann (1755–1843) gave homoeopathy its name and expanded its principles in the late 18th century. At that time, mainstream medicine used methods like blood letting and purging, and administered complex mixtures, such as Venice treacle, which was made from 64 substances including opium, myrrh, and viper's flesh. These treatments often worsened symptoms and sometimes proved fatal. Hahnemann rejected these practices – which had been extolled for centuries – as irrational and inadvisable; instead, he advocated the use of single drugs at lower doses and promoted an immaterial vitalistic view of how living organisms

Hahnemann's concept

The term "homoeopathy" was coined by Hahnemann and first appeared in print in 1807.

Hahnemann conceived of homoeopathy while translating a medical treatise by the Scottish physician and chemist William Cullen into German. Being sceptical of Cullen's theory concerning cinchona's use for curing malaria, Hahnemann ingested some of the bark specifically to investigate what would happen. He experienced fever, shivering and joint pain: symptoms similar to those of malaria itself. From this, Hahnemann came to believe that all effective drugs produce symptoms in healthy individuals similar to those of the diseases that they treat, in accord with the "law of similars" that had been proposed by ancient physicians. An account of the effects of eating cinchona bark noted by Oliver Wendell Holmes, and

Hahnemann's law of similars is an ipse dixit axiom, in other words an unproven assertion made by Hahnemann, and not a

Proving

Hahnemann began to test what effects substances produced in humans, a procedure that would later become known as "homoeopathic proving". These tests required subjects to test the effects of ingesting substances by clearly recording all of their symptoms as well as the ancillary conditions under which they appeared. A collection of provings was published in 1805, and a second collection of 65 remedies appeared in his book, *Materia Medica Pura*, in 1810.

Since Hahnemann believed that large doses of drugs that caused similar symptoms would only aggravate illness, he advocated extreme dilutions of the substances; he devised a technique for making dilutions that he believed would preserve a substance's therapeutic properties while removing its harmful effects. Hahnemann believed that this process aroused and enhanced "the spirit-like medicinal powers of the crude substances". He gathered and published a complete overview of his new medical system in his 1810 book, *The Organon of the Healing Art*, whose 6th edition, published in 1921, is still used

Miasms and disease

In *The Organon of the Healing Art*, Hahnemann introduced the concept of "miasms" as "infectious principles" underlying chronic disease. Hahnemann associated each miasm with specific diseases, and thought that initial exposure to miasms causes local symptoms, such as skin or venereal diseases; if however these symptoms were suppressed by medication, the cause went deeper and began to manifest itself as diseases of the internal organs. Homoeopathy maintains that treating diseases by directly opposing their symptoms, as is sometimes done in conventional medicine, is ineffective because all "disease can generally be traced to some latent, deep-seated, underlying chronic, or inherited tendency". The underlying imputed miasm still remains, and deep-seated ailments can be corrected only by removing the deeper disturbance of the

Hahnemann originally presented only three miasms, of which the most important was psora (Greek for "itch"), described as being related to any itching diseases of the skin, supposed to be derived from suppressed scabies, and claimed to be the foundation of many further disease conditions. Hahnemann believed psora to be the cause of such diseases as epilepsy, cancer, jaundice, deafness, and cataracts. Since Hahnemann's time, other miasms have been proposed, some replacing one or more of psora's proposed functions, including tuberculosis and cancer miasms.

The law of susceptibility implies that a negative state of mind can attract hypothetical disease entities called "miasms" to invade the body and produce symptoms of diseases. Hahnemann rejected the notion of a disease as a separate thing or invading entity, and insisted it was always part of the "living whole". Hahnemann coined the expression "allopathic medicine", which was used to neioratively refer to traditional Western medicine.

Hahnemann's miasm theory remains disputed and controversial within homoeopathy even in modern times. In 1978, Anthony Campbell, then a consultant physician at the Royal London Homoeopathic Hospital, criticised statements by George Vithoulkas claiming that syphilis, when treated with antibiotics, would develop into secondary and tertiary syphilis with involvement of the central nervous system. This conflicts with scientific studies, which indicated penicillin treatment produces a complete cure of syphilis in more than 90% of cases. Campbell described this as "a thoroughly irresponsible

The theory of miasms has been criticized as an explanation developed by Hahnemann to preserve the system of homoeopathy in the face of treatment failures, and for being inadequate to cover the many hundreds of sorts of diseases, as well as for failing to explain disease predispositions, as well as genetics, environmental factors, and the unique disease

19th century: rise to popularity and early criticism

Homoeopathy achieved its greatest popularity in the 19th century. Dr. John Franklin Gray (1804–1882) was the first practitioner of homoeopathy in the United States, beginning in 1828 in New York City. The first homoeopathic schools opened in 1830, and throughout the 19th century dozens of homoeopathic institutions appeared in Europe and the United States. By 1900, there were 22 homoeopathic colleges and 15,000 practitioners in the United States. Because medical practice of the time relied on ineffective and often dangerous treatments, patients of homoeopaths often had better outcomes than those of the doctors of the time. Homoeopathic remedies, even if ineffective, would almost surely cause no harm, making the users of homoeopathic remedies less likely to be killed by the treatment that was supposed to be helping them. The relative success of homoeopathy in the 19th century may have led to the abandonment of the ineffective and harmful treatments of blood letting and purging and to have begun the move towards more effective, science-based

From its inception, however, homoeopathy was criticized by mainstream science. Sir John Forbes, physician to Queen Victoria, said in 1843 that the extremely small doses of homoeopathy were regularly derided as useless, "an outrage to human reason". James Young Simpson said in 1853 of the highly diluted drugs: "No poison, however strong or powerful, the billionth or decillionth of which would in the least degree affect a man or harm a fly." 19th century American physician and author Oliver Wendell Holmes, Sr. was also a vocal critic of homoeopathy and published an essay in 1842 entitled Homoeopathy, and its kindred delusions. The members of the French Homoeopathic Society observed in 1867 that some of the leading homoeopaths of Europe not only were abandoning the practice of administering infinitesimal doses but

Revival in the late 20th century

In the United States the Food, Drug, and Cosmetic Act of 1938 (sponsored by Royal Copeland, a Senator from New York and homoeopathic physician) recognized homoeopathic remedies as drugs. In the 1950s, there were only 75 pure homoeopaths practising in the U.S. However, by the mid to late 1970s, homoeopathy made a significant comeback and sales of some homoeopathic companies increased tenfold. Greek homoeopath George Vithoulkas performed a "great deal of research to update the scenarios and refine the theories and practice of homoeopathy" beginning in the 1970s, and it was revived worldwide; in Brazil during the 1970s and in Germany during the 1980s. The medical profession started to integrate such ideas in the 1990s and mainstream pharmacy chains recognized the business potential of selling

Remedies and treatment

Homoeopathic remedy *Rhus toxicodendron*, derived from poison ivy.

Homoeopathic practitioners rely on two types of reference when prescribing remedies: materia medica and repertories. A homoeopathic materia medica is a collection of "drug pictures", organised alphabetically by "remedy," that describes the symptom patterns associated with individual remedies. A homoeopathic repertory is an index of disease symptoms that

Homoeopathy uses many animal, plant, mineral, and synthetic substances in its remedies. Examples include arsenicum album (arsenic oxide), natrum muriaticum (sodium chloride or table salt), Lachesis muta (the venom of the bushmaster snake), opium, and thyroidinum (thyroid hormone). Homeopaths also use treatments called "nosodes" (from the Greek nosos, disease) made from diseased or pathological products such as faecal, urinary, and respiratory discharges, blood, and tissue. Homoeopathic remedies prepared from healthy specimens are called "sarcodes".

Some modern homeopaths have considered more esoteric bases for remedies, known as "imponderables" because they do not originate from a substance, but from electromagnetic energy presumed to have been "captured" by alcohol or lactose. Examples include X-rays and sunlight. Today, about 3,000 different remedies are commonly used in homeopathy.[citation needed] Some homeopaths also use techniques that are regarded by other practitioners as controversial. These include "paper remedies", where the substance and dilution are written on pieces of paper and either pinned to the patients' clothing, put in their pockets, or placed under glasses of water that are then given to the patients, as well as the use of radionics to prepare remedies. Such practices have been strongly criticised by classical homeopaths as

Preparation

Mortar and pestle used for grinding insoluble solids, including quartz and oyster shells, into homeopathic remedies

In producing remedies for diseases, homeopaths use a process called "dynamisation" or "potentisation", whereby a substance is diluted with alcohol or distilled water and then vigorously shaken by 10 hard strikes against an elastic body in a process homeopaths call "succussion". Hahnemann advocated using substances that produce symptoms like those of the disease being treated, but found that undiluted doses intensified the symptoms and exacerbated the condition, sometimes causing dangerous toxic reactions. He therefore specified that the substances be diluted, due to his belief that succussion activated the "vital energy" of the diluted substance and made it stronger. To facilitate succussion, Hahnemann had a saddle-maker construct a special wooden striking board covered in leather on one side and stuffed with horsehair

Dilutions

Three logarithmic potency scales are in regular use in homeopathy. Hahnemann created the "centesimal" or "C scale", diluting a substance by a factor of 100 at each stage. The centesimal scale was favored by Hahnemann for most of his life. A 2C dilution requires a substance to be diluted to one part in 100, and then some of that diluted solution diluted by a further factor of 100. This works out to one part of the original substance in 10,000 parts of the solution. A 6C dilution repeats this process six times, ending up with the original substance diluted by a factor of $100^6=10^{12}$ (one part in one trillion or 1/1,000,000,000,000). Higher dilutions follow the same pattern. In homeopathy, a solution that is more dilute is described as having a higher potency, and more dilute substances are considered by homeopaths to be stronger and deeper-acting remedies. The end product is often so diluted as to be indistinguishable from the dilutant (pure water, sugar

Hahnemann advocated 30C dilutions for most purposes (that is, dilution by a factor of 1060). In Hahnemann's time, it was reasonable to assume the remedies could be diluted indefinitely, as the concept of the atom or molecule as the smallest possible unit of a chemical substance was just beginning to be recognized. The greatest dilution reasonably likely to contain even one molecule of the original substance is 12C.

Critics and advocates of homeopathy alike commonly attempt to illustrate the dilutions involved in homeopathy with analogies. Hahnemann is reported to have joked that a suitable procedure to deal with an epidemic would be to empty a bottle of poison into Lake Geneva, if it could be succussed 60 times. Another example given by a critic of homeopathy states that a 12C solution is equivalent to a "pinch of salt in both the North and South Atlantic Oceans", which is approximately correct. One-third of a drop of some original substance diluted into all the water on earth would produce a remedy with a concentration of about 13C. A popular homeopathic treatment for the flu is a 200C dilution of duck liver, marketed under the name *oscillococcinum*. As there are only about 1080 atoms in the entire observable universe, a dilution of one molecule in the observable universe would be about 40C. *Oscillococcinum* would thus require 10320 more universes to simply have one molecule in the final substance. The high dilutions characteristically used are often

Dilution debate

Not all homeopaths advocate extremely high dilutions. In fact, most homeopathy products sold in EU (and produced even by companies such as Bayer), use dilutions of 8D or 6D, which contain picogram to nanogram amounts of diluted substances.[citation needed] Many of the early homeopaths were originally doctors and generally used lower dilutions such as "3X" or "6X", rarely going beyond "12X". The split between lower and higher dilutions followed ideological lines. Those favoring low dilutions stressed pathology and a strong link to conventional medicine, while those favoring high dilutions emphasised vital force, miasms and a spiritual interpretation of disease. Some products with such relatively lower dilutions continue to be sold but like their counterparts they have not been conclusively demonstrated to have any effect

Provings

A homeopathic proving is the method by which the profile of a homeopathic remedy is determined.

At first Hahnemann used undiluted doses for provings, but he later advocated provings with remedies at a 30C dilution, and most modern provings are carried out using ultra-dilute remedies in which it is highly unlikely that any of the original molecules remain. During the proving process, Hahnemann administered remedies to healthy volunteers, and the resulting symptoms were compiled by observers into a "drug picture". The volunteers were observed for months at a time and made to keep extensive journals detailing all of their symptoms at specific times throughout the day. They were forbidden from consuming coffee, tea, spices, or wine for the duration of the experiment; playing chess was also prohibited because Hahnemann considered it to be "too exciting", though they were allowed to drink beer and encouraged to exercise in moderation. After the experiments were over, Hahnemann made the volunteers take an oath swearing that what they provings have been described as important in the development of the clinical trial, due to their early use of simple control groups, systematic and quantitative procedures, and some of the first application of statistics in medicine. The lengthy records of self-experimentation by homoeopaths have occasionally proven useful in the development of modern drugs: For example, evidence that nitroglycerin might be useful as a treatment for angina was discovered by looking through homoeopathic provings, though homoeopaths themselves never used it for that purpose at that time. The first recorded provings were published by Hahnemann in his 1796 *Essay on a New Principle*. His *Fragmenta de Viribus* (1805) contained the results of 27 provings, and his 1810 *Materia Medica Pura* contained 65. For James Tyler Kent's 1905 *Lectures on* Though the proving process has superficial similarities with clinical trials, it is fundamentally different in that the process is subjective, not blinded, and modern provings are unlikely to use pharmacologically active levels of the substance under proving. As early as 1842, Holmes noted the provings were impossibly vague, and the purported effect was not repeatable

Physical, mental, and emotional state examination; repertories

Homoeopaths generally begin with detailed examinations of their patients' histories, including questions regarding their physical, mental and emotional states, their life circumstances and any physical or emotional illnesses. The homoeopath then attempts to translate this information into a complex formula of mental and physical symptoms, including likes, From these symptoms, the homoeopath chooses how to treat the patient. A compilation of reports of many homoeopathic provings, supplemented with clinical data, is known as a "homoeopathic materia medica". But because a practitioner first needs to explore the remedies for a particular symptom rather than looking up the symptoms for a particular remedy, the "homoeopathic repertory", which is an index of symptoms, lists after each symptom those remedies that are associated with it. Repertories are often very extensive and may include data extracted from multiple sources of materia medica. There is often lively debate among compilers of repertories and practitioners over the veracity of a particular inclusion. The first symptomatic index of the homoeopathic materia medica was arranged by Hahnemann. Soon after, one of his students, Clemens von Bönninghausen, created the *Therapeutic Pocket Book*, another homoeopathic repertory.] The first such homoeopathic repertory was Georg Jahr's *Symptomenkodex*, published in German (1835), which was then first translated to English (1838) by Constantine Hering as the *Repertory to the more Characteristic Symptoms of Materia Medica*. This version was less focused on disease categories and would be the forerunner to Kent's later works. It consisted Some diversity in approaches to treatments exists among homoeopaths. "Classical homoeopathy"

generally involves detailed examinations of a patient's history and infrequent doses of a single remedy as the patient is monitored for improvements in symptoms, while "clinical homoeopathy" involves combinations of remedies to address the Homoeopathic pills

Homoeopathic pills are made from an inert substance (often sugars, typically lactose), upon which a drop of liquid homoeopathic preparation is placed.

"Active" ingredients

The list of ingredients seen on remedies may confuse consumers into believing the product actually contains those ingredients. According to normal homoeopathic practice, remedies are prepared starting with active ingredients that are often serially diluted to the point where the finished product no longer contains any biologically "active ingredients" as James Randi and the 10:23 campaign groups have demonstrated the lack of active ingredients in homoeopathic products by taking large overdoses. None of the hundreds of demonstrators in the UK, Australia, New Zealand, Canada and the US were injured and "no one was cured of anything, either".

While the lack of active compounds is noted in most homoeopathic products, there are some exceptions such as Zicam Cold Remedy, which is marketed as an "unapproved homoeopathic" product. It contains a number of highly diluted ingredients that are listed as "inactive ingredients" on the label. Some of the homoeopathic ingredients used in the preparation of Zicam are galphimia glauca, histamine dihydrochloride (homoeopathic name, histaminum hydrochloricum), luffa operculata, and sulfur. Although the product is marked "homoeopathic", it does contain two ingredients that are only "slightly" diluted: zinc acetate (2X = 1/100 dilution) and zinc gluconate (1X = 1/10 dilution), which means both are present in a concentration that contains biologically active ingredients. In fact, they are strong enough to have caused some people to lose their sense of smell, a condition termed anosmia. This illustrates why taking a product marked "homoeopathic", especially an overdose, can still be dangerous because it may contain biologically active ingredients.

Related treatments and practices

Isopathy

Isopathy is a therapy derived from homeopathy invented by Johann Joseph Wilhelm Lux in the 1830s. Isopathy differs from homeopathy in general in that the remedies, known as "nosodes", are made up either from things that cause the disease or from products of the disease, such as pus. Many so-called "homeopathic vaccines" are a form of isopathy.

Flower remedies

Flower remedies can be produced by placing flowers in water and exposing them to sunlight. The most famous of these are the Bach flower remedies, which were developed by the physician and homeopath Edward Bach. Although the proponents of these remedies share homeopathy's vitalist world-view and the remedies are claimed to act through the same hypothetical "vital force" as homeopathy, the method of preparation is different. Bach flower remedies are prepared in "gentler" ways such as placing flowers in bowls of sunlight water, and the remedies are not succussed. There is no convincing scientific or clinical evidence for flower remedies being effective.

Veterinary use

The idea of using homeopathy as a treatment for other animals, termed "veterinary homeopathy", dates back to the inception of homeopathy; Hahnemann himself wrote and spoke of the use of homeopathy in animals other than humans. The FDA has not approved homeopathic products as veterinary medicine in the U.S. In the UK, veterinary surgeons that use homeopathy belong to the Faculty of Homeopathy and/or to the British Association of Homeopathic Veterinary Surgeons. Animals may be treated only by qualified veterinary surgeons in the UK and some other countries. Internationally, the body that supports and represents homeopathic veterinarians is the International Association for Veterinary Homeopathy. The use of homeopathy in veterinary medicine is controversial; the little existing research on the subject is not of a high enough scientific standards to provide reliable data on efficacy. Other studies have also found Electrohomeopathy

Electrohomeopathy was a 19th century practice combining homeopathy with electric treatment.

Evidence

Homeopathy

Claims Proponents claim that illnesses can be treated with specially prepared extreme dilutions of a substance that produces symptoms similar to the illness. Homeopathic remedies rarely contain any atom or molecule of the substance in

Related scientific disciplines Chemistry, Medicine

Year proposed 1807

Original proponents Samuel Hahnemann

Subsequent proponents Organizations: Boiron, Heel, Miralux Healthcare, Nelsons, Zicam

Individuals: Deepak Chopra, Paul Herscu, Robin Murphy, Rajan Sankaran, Luc De Schepper, Jan Scholten, Jeremy Sherr, Dana Ullman, George Vithoulkas

Pseudo-scientific concepts

The medicinal claims of homeopathy are unsupported by the collective weight of modern scientific research – outside of the CAM community, scientists have long regarded homeopathy as a sham. There is an overall absence of sound statistical evidence of therapeutic efficacy, which is consistent with the lack of any biologically plausible pharmacological agent or mechanism. Abstract concepts within theoretical physics have been invoked to suggest explanations of how or why remedies might work, including quantum entanglement, the theory of relativity and chaos theory. However, the explanations are offered by non-specialists within the field, and often include speculations that are incorrect in their application of the concepts and not supported by actual experiments. Several of the key concepts of homeopathy conflict with fundamental concepts of physics and chemistry. For instance, quantum entanglement is not possible as humans and other animals are far too large to be affected by quantum effects, and entanglement is a delicate state which rarely lasts

Plausibility

The extreme dilutions used in homeopathic preparations often leave none of the original substance in the final product. The modern mechanism proposed by homeopaths, water memory, is considered implausible in that short-range order in water only persists for about 1 picosecond. Existence of a pharmacological effect in the absence of any true active ingredient is inconsistent with the observed dose-response relationships characteristic of therapeutic drugs (whereas placebo effects are non-specific and unrelated to pharmacological activity). The proposed rationale for these extreme dilutions – that the water contains the "memory" or "vibration" from the diluted ingredient – is counter to the laws of chemistry and physics, such as the law of mass action. Analysis shows proposed mechanisms for homeopathy are

High dilutions

The extremely high dilutions in homoeopathy preclude a biologically plausible mechanism of action. Homoeopathic remedies are often diluted to the point where there are no molecules from the original solution left in a dose of the final remedy. Homoeopaths contend that the methodical dilution of a substance, beginning with a 10% or lower solution and working downwards, with shaking after each dilution, produces a therapeutically active remedy, in contrast to therapeutically inert water. Since even the longest-lived non-covalent structures in liquid water at room temperature are stable for only a few picoseconds, critics have concluded that any effect that might have been present from the original substance can no longer exist. No evidence of stable clusters of water molecules was found when homoeopathic remedies Furthermore, since water will have been in contact with millions of different substances throughout its history, critics point out that water is therefore an extreme dilution of almost any conceivable substance. By drinking water one would, according to this interpretation, receive treatment for every imaginable condition. For comparison, ISO 3696: 1987 defines a standard for water used in laboratory analysis; this allows for a contaminant level of ten parts per billion, 4C in homoeopathic notation. This water may not be kept in glass as contaminants will leach out into the water.

Practitioners of homoeopathy contend that higher dilutions produce stronger medicinal effects. This idea is inconsistent with the observed dose-response relationships of conventional drugs, where the effects are dependent on the concentration of the active ingredient in the body. This dose-response relationship has been confirmed in myriad experiments on Physicist Robert L. Park, former executive director of the American Physical Society, is quoted as saying,

"since the least amount of a substance in a solution is one molecule, a 30C solution would have to have at least one molecule of the original substance dissolved in a minimum of 1,000 [or 10⁶⁰] molecules of water. Park is also quoted as saying that, "to expect to get even one molecule of the 'medicinal' substance allegedly present in 30X pills, it would be necessary to take some two billion of them, which would total about a thousand tons of lactose plus whatever impurities the lactose contained".

The laws of chemistry state that there is a limit to the dilution that can be made without losing the original substance altogether. This limit, which is related to Avogadro's number, is roughly equal to homeopathic potencies of 12C or 24X (1 Scientific tests run by both the BBC's Horizon and ABC's 20/20 programs were unable to differentiate homoeopathic dilutions from water, even when using tests suggested by homoeopaths themselves.

Efficacy

The effectiveness of homoeopathy has been in dispute since its inception. One of the earliest double blind studies concerning homoeopathy was sponsored by the British government during World War II in which volunteers tested the efficacy of homoeopathic remedies against diluted mustard gas burns.

No individual preparation has been unambiguously shown by research to be different from placebo. The methodological quality of the primary research was generally low, with such problems as weaknesses in study design and reporting, small sample size, and selection bias. Since better quality trials have become available, the evidence for efficacy of homoeopathy preparations has diminished; the highest-quality trials indicate that the remedies themselves exert no intrinsic effect. A review conducted in 2010 of all the pertinent studies of "best evidence" produced by the Cochrane Collaboration concluded that "the most reliable evidence – that produced by Cochrane reviews – fails to demonstrate that homoeopathic Publication bias and other methodological issues

The fact that individual randomized controlled trials have given positive results is not in contradiction with an overall lack of statistical evidence of efficacy. A small proportion of randomized controlled trials inevitably provide false-positive outcomes due to the play of chance: a "statistically significant" positive outcome is commonly adjudicated when the probability of it being due to chance rather than a real effect is no more than 5%—a level at which about 1 in 20 tests can be expected to show a positive result in the absence of any therapeutic effect. Furthermore, trials of low methodological quality (i.e. ones which have been inappropriately designed, conducted or reported) are prone to give misleading results. In a systematic review of the methodological quality of randomized trials in three branches of alternative medicine. *Linde et*

A related issue is publication bias: researchers are more likely to submit trials that report a positive finding for publication, and journals prefer to publish positive results. Publication bias has been particularly marked in complementary and alternative medicine journals, where few of the published articles (just 5% during the year 2000) tend to report null results. Regarding the way in which homoeopathy is represented in the medical literature, a systematic review found signs of bias in the publications of clinical trials (towards negative representation in mainstream medical journals, and vice-versa in Systematic reviews and meta-analyses of efficacy

Both meta-analyses, which statistically combine the results of several randomized controlled trials, and other systematic reviews of the literature are essential tools to summarize evidence of therapeutic efficacy. Early systematic reviews and meta-analyses of trials evaluating the efficacy of homeopathic remedies in comparison with placebo more often tended to generate positive results, but appeared unconvincing overall. In particular, reports of three large meta-analyses warned readers that firm conclusions could not be reached, largely due to methodological flaws in the primary studies and the difficulty in controlling for publication bias. The positive finding of one of the most prominent of the early meta-analyses, published in *The Lancet* in 1997 by Linde et al., was later reframed by the same research team, who *wrote*: The evidence of bias [in the primary studies] weakens the findings of our original meta-analysis. Since we completed our literature search in 1995, a considerable number of new homeopathy trials have been published. The fact that a number of the new high-quality trials ... have negative results, and a recent update of our review for the most "original" subtype of homeopathy (classical or individualized homeopathy), seem to confirm the finding that more rigorous trials have less-promising results. It seems, therefore, likely that our meta-analysis at least overestimated the effects of homeopathic

In 2002, a systematic review of the available systematic reviews confirmed that higher-quality trials tended to have less positive results, and found no convincing evidence that any homeopathic remedy exerts clinical effects different from

In 2005, *The Lancet* medical journal published a meta-analysis of 110 placebo-controlled homeopathy trials and 110 matched medical trials based upon the Swiss government's Program for Evaluating Complementary Medicine, or PEK. The study concluded that its findings were compatible with the notion that the clinical effects of homeopathy are nothing

A 2006 meta-analysis of six trials evaluating homeopathic treatments to reduce cancer therapy side-effects following radiotherapy and chemotherapy found that there was "insufficient evidence to support clinical efficacy of homeopathic

A 2007 systematic review of homeopathy for children and adolescents found that the evidence for attention-deficit hyperactivity disorder and childhood diarrhoea was mixed. No difference from placebo was found for adenoid vegetation, asthma, or upper respiratory tract infection. Evidence was not sufficient to recommend any therapeutic or preventative intervention, and the delay in medical treatment may be harmful to the patient.

In 2012, a systematic review evaluating evidence of homeopathy's possible adverse effects concluded that "homeopathy has the potential to harm patients and consumers in both direct and indirect ways". One of the reviewers, Edzard Ernst, supplemented the article on his blog, writing: "I have said it often and I say it again: if used as an alternative to an effective cure, even the most 'harmless' treatment can become life-threatening."

The Cochrane Library found insufficient clinical evidence to evaluate the efficacy of homeopathic treatments for asthma, dementia, or for the use of homeopathy in induction of labor. Other researchers found no evidence that homeopathy is beneficial for osteoarthritis, migraines or delayed-onset muscle soreness.

Health organisations such as the UK's National Health Service, the American Medical Association, and the FASEB have issued statements of their conclusion that there is no convincing scientific evidence to support the use of homeopathic

Clinical studies of the medical efficacy of homeopathy have been criticised by some homeopaths as being irrelevant because they do not test "classical homeopathy". There have, however, been a number of clinical trials that have tested individualized homeopathy. A 1998 review found 32 trials that met their inclusion criteria, 19 of which were placebo-controlled and provided enough data for meta-analysis. These 19 studies showed a pooled odds ratio of 1.17 to 2.23 in favor of individualized homeopathy over the placebo, but no difference was seen when the analysis was restricted to the methodologically best trials. The authors concluded "that the results of the available randomized trials suggest that individualized homeopathy has an effect over placebo. The evidence, however, is not convincing because of methodological shortcomings and inconsistencies." Jav Shelton, author of a book on homeopathy, has stated that the

In a 2012 article published in the *Sceptical Inquirer*, Edzard Ernst reviewed the publications of the research group that has published most of the clinical studies of homeopathic treatment from 2005 to 2010. A total of eleven articles, published in both conventional and alternative medical journals, describe three randomized clinical trials (one article), prospective cohort studies without controls (seven articles) and comparative cohort studies with controls (three articles). The diseases include a wide range of conditions from knee surgery, eczema, migraine, insomnia to 'any condition of elderly patients'. Ernst's evaluation found numerous flaws in the design, conduct and reporting of the clinical studies. Examples include: little detail of the actual homeopathic treatment administered, misleading presentation of controls (comparison of homeopathic plus conventional treatment and conventional treatment, but presented as homeopathic versus conventional treatment); and published similar data in multiple articles. He concluded that the over- and misinterpreted weak data made

Explanations of perceived effects

Science offers a variety of explanations for how homeopathy may appear to cure diseases or alleviate symptoms even though the remedies themselves are inert:

The placebo effect — the intensive consultation process and expectations for the homeopathic preparations may cause the

Therapeutic effect of the consultation — the care, concern, and reassurance a patient experiences when opening up to a compassionate caregiver can have a positive effect on the patient's well-being

Unassisted natural healing — time and the body's ability to heal without assistance can eliminate many diseases of their

Unrecognized treatments — an unrelated food, exercise, environmental agent, or treatment for a different ailment, may
Regression toward the mean — since many diseases or conditions are cyclical, symptoms vary over time and patients tend to seek care when discomfort is greatest; they may feel better anyway but because the timing of the visit to the homoeopath they attribute improvement to the remedy taken

Non-homoeopathic treatment — patients may also receive standard medical care at the same time as homoeopathic treatment, and the former is responsible for improvement

Cessation of unpleasant treatment — often homoeopaths recommend patients stop getting medical treatment such as surgery or drugs, which can cause unpleasant side-effects; improvements are attributed to homoeopathy when the actual cause is the cessation of the treatment causing side-effects in the first place, but the underlying disease remains untreated

Lifestyle changes — homoeopaths often recommend diet and exercise, as well as limitations in alcohol or coffee consumption and stress reduction, all of which can increase health and decrease symptoms[citation needed]

Effects in other biological systems

While some articles have suggested that homoeopathic solutions of high dilution can have statistically significant effects on organic processes including the growth of grain, histamine release by leukocytes, and enzyme reactions, such evidence is disputed since attempts to replicate them have failed.

In 1987, French immunologist Jacques Benveniste submitted a paper to the journal *Nature* while working at INSERM. The paper purported to have discovered that basophils, a type of white blood cell, released histamine when exposed to a homoeopathic dilution of anti-immunoglobulin E antibody. The journal editors, sceptical of the results, requested that the study be replicated in a separate laboratory. Upon replication in four separate laboratories the study was published. Still sceptical of the findings, *Nature* assembled an independent investigative team to determine the accuracy of the research, consisting of *Nature* editor and physicist Sir John Maddox, American scientific fraud investigator and chemist Walter Stewart, and sceptic James Randi. After investigating the findings and methodology of the experiment, the team found that the experiments were "statistically ill-controlled", "interpretation has been clouded by the exclusion of measurements in conflict with the claim" and concluded "We believe that experimental data have been uncritically assessed and their

Ethics and safety

The provision of homoeopathic remedies has been described as unethical. As homoeopathic remedies often contain only water and/or alcohol, they are however thought to be generally safe – only in rare cases are the original ingredients present at detectable levels. This may be due to improper preparation or intentional low dilution. Instances of arsenic poisoning have occurred after use of arsenic-containing homoeopathic preparations. Zicam Cold remedy Nasal Gel, which contains 2X (1:100) zinc gluconate, reportedly caused a small percentage of users to lose their sense of smell; 340 cases were settled out of court in 2006 for 12 million U.S. dollars. In 2009, the FDA advised consumers to stop using three discontinued cold remedy products manufactured by Zicam because it could cause permanent damage to users' sense of smell. Zicam was launched without a New Drug Application (NDA) under a provision in the FDA's Compliance Policy Guide called "Conditions Under Which Homoeopathic Drugs May be Marketed" (CPG 7132.15), but the FDA warned

The lack of convincing scientific evidence supporting its efficacy and its use of remedies without active ingredients have led to characterizations as pseudo-science and quackery, or, in the words of a 1998 medical review, "placebo therapy at best and quackery at worst." The Chief Medical Officer for England, Dame Sally Davies, has stated that homoeopathic remedies are "rubbish" and do not serve as anything more than placebos. Jack Killen, acting deputy director of the National Centre for Complementary and Alternative Medicine, says homoeopathy "goes beyond current understanding of chemistry and physics." He adds: "There is, to my knowledge, no condition for which homoeopathy has been proven to be an effective treatment." Ben Goldacre says that homoeopaths who misrepresent scientific evidence to a scientifically illiterate public, have "...walled themselves off from academic medicine, and critique has been all too often met with avoidance rather than argument." Homoeopaths often prefer to ignore meta-analyses in favour of cherry-picked positive

Referring specifically to homoeopathy, the British House of Commons Science and Technology Committee has stated:

In the Committee's view, homoeopathy is a placebo treatment and the Government should have a policy on prescribing placebos. The Government is reluctant to address the appropriateness and ethics of prescribing placebos to patients, which usually relies on some degree of patient deception. Prescribing of placebos is not consistent with informed patient choice - which the Government claims is very important - as it means patients do not have all the information needed to make

Beyond ethical issues and the integrity of the doctor-patient relationship, prescribing pure placebos is bad medicine. Their effect is unreliable and unpredictable and cannot form the sole basis of any treatment on the NHS.

The National Centre for Complementary and Alternative Medicine of the United States' National Institutes of Health

Homoeopathy is a controversial topic in complementary medicine research. A number of the key concepts of homoeopathy are not consistent with fundamental concepts of chemistry and physics. For example, it is not possible to explain in scientific terms how a remedy containing little or no active ingredient can have any effect. This, in turn, creates major challenges to rigorous clinical investigation of homoeopathic remedies. For example, one cannot confirm that an extremely dilute remedy contains what is listed on the label, or develop objective measures that show effects of extremely dilute

On clinical grounds, patients who choose to use homoeopathy in preference to normal medicine risk missing timely diagnosis and effective treatment, thereby worsening the outcomes of serious conditions. Critics of homoeopathy have cited individual cases of patients of homoeopathy failing to receive proper treatment for diseases that could have been easily diagnosed and managed with conventional medicine and who have died as a result and the "marketing practice" of criticizing and downplaying the effectiveness of mainstream medicine. Homoeopaths claim that use of conventional medicines will "push the disease deeper" and cause more serious conditions, a process referred to as "suppression". Some homoeopaths (particularly those who are non-physicians) advise their patients against immunisation. Some homoeopaths suggest that vaccines be replaced with homoeopathic "nosodes", created from biological materials such as pus, diseased tissue, bacilli from sputum or (in the case of "bowel nosodes") faeces. While Hahnemann was opposed to such
In 1978, Anthony Campbell, then a consultant physician at The Royal London Homoeopathic Hospital, criticised statements made by George Vithoulkas to promote his homoeopathic treatments. Vithoulkas stated that syphilis, when treated with antibiotics, would develop into secondary and tertiary syphilis with involvement of the central nervous system. Campbell described this as a thoroughly irresponsible statement that could mislead an unfortunate layperson into refusing conventional medical treatment. This claim echoes the idea that treating a disease with external medication used to treat the symptoms would only drive it deeper into the body and conflicts with scientific studies which indicate that penicillin

A 2006 review by W. Steven Pray of the College of Pharmacy at South-western Oklahoma State University recommends that pharmacy colleges include a required course in unproven medications and therapies, that ethical dilemmas inherent in recommending products lacking proven safety and efficacy data be discussed, and that students should be taught where unproven systems such as homoeopathy depart from evidence-based medicine.

Edzard Ernst, the first Professor of Complementary Medicine in the United Kingdom and a former homoeopathic practitioner, has expressed his concerns about pharmacists who violate their ethical code by failing to provide customers with "necessary and relevant information" about the true nature of the homoeopathic products they advertise and sell: "My plea is simply for honesty. Let people buy what they want, but tell them the truth about what they are buying. These treatments are biologically implausible and the clinical tests have shown they don't do anything at all in human beings. The argument that this information is not relevant or important for customers is quite simply ridiculous."

Michael Baum, Professor Emeritus of Surgery and visiting Professor of Medical Humanities at University College London (UCL), has described homoeopathy as a "cruel deception".

In an article entitled "Should We Maintain an Open Mind about Homoeopathy?" published in the American Journal of Medicine, Michael Baum and Edzard Ernst – writing to other physicians – wrote that "Homoeopathy is among the worst examples of faith-based medicine... These axioms [of homoeopathy] are not only out of line with scientific facts but also directly opposed to them. If homoeopathy is correct, much of physics, chemistry, and pharmacology must be incorrect...".

Regulation and prevalence

Homoeopathy is fairly common in some countries while being uncommon in others; is highly regulated in some countries and mostly unregulated in others. It is practised worldwide and professional qualifications and licences are needed in most countries. Regulations vary in Europe depending on the country. In some countries, there are no specific legal regulations concerning the use of homoeopathy, while in others, licences or degrees in conventional medicine from accredited universities are required. In Germany, to become a homoeopathic physician, one must attend a three-year training program, while France, Austria and Denmark mandate licences to diagnose any illness or dispense of any product whose purpose is to treat any illness. Some homoeopathic treatment is covered by the public health service of several European countries, including France, the United Kingdom, Denmark, and Luxembourg. In other countries, such as Belgium, homoeopathy is not covered. In Austria, the public health service requires scientific proof of effectiveness in order to reimburse medical
The Indian government recognises homoeopathy as one of its national systems of medicine, it has established AYUSH or the Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy under the Ministry of Health & Family Welfare. The Central Council of Homoeopathy was established in 1973 to monitor higher education in Homoeopathy, and National Institute of Homoeopathy in 1975. A minimum of a recognised diploma in homoeopathy and registration on a state register or the Central Register of Homoeopathy is required to practice homoeopathy in India.

In the United Kingdom, MPs inquired into homoeopathy to assess the Government's policy on the issue, including funding of homoeopathy under the National Health Service and government policy for licensing homoeopathic products. The decision by the House of Commons Science and Technology Committee follows a written explanation from the Government in which it told the select committee that the licensing regime was not formulated on the basis of scientific evidence. "The three elements of the licensing regime (for homoeopathic products) probably lie outside the scope of the ... select committee inquiry, because government consideration of scientific evidence was not the basis for their

In February 2010 the House of Commons Science and Technology Committee concluded that:

... the NHS should cease funding homoeopathy. It also concludes that the Medicines and Healthcare products Regulatory Agency (MHRA) should not allow homoeopathic product labels to make medical claims without evidence of efficacy. As they are not medicines, homoeopathic products should no longer be licensed by the MHRA. The Committee concurred with the Government that the evidence base shows that homoeopathy is not efficacious (that is, it does not work beyond the placebo effect) and that explanations for why homoeopathy would work are scientifically

The Committee concluded – given that the existing scientific literature showed no good evidence of efficacy – that further clinical trials of homoeopathy could not be justified.

In the Committee's view, homoeopathy is a placebo treatment and the Government should have a policy on prescribing placebos. The Government is reluctant to address the appropriateness and ethics of prescribing placebos to patients, which usually relies on some degree of patient deception. Prescribing of placebos is not consistent with informed patient choice – which the Government claims is very important – as it means patients do not have all the information needed to make

Beyond ethical issues and the integrity of the doctor-patient relationship, prescribing pure placebos is bad medicine. Their effect is unreliable and unpredictable and cannot form the sole basis of any treatment on the NHS.

The Committee also stated:

We conclude that placebos should not be routinely prescribed on the NHS. The funding of homoeopathic hospitals – hospitals that specialise in the administration of placebos – should not continue, and NHS doctors should not refer patients

In July 2010 the newly appointed UK Secretary of State for Health deferred to local NHS on funding homoeopathy. A nineteen page document details the Government's response, and it states that "our continued position on the use of homoeopathy within the NHS is that the local NHS and clinicians, rather than Whitehall, are best placed to make decisions on what treatment is appropriate for their patients - including complementary or alternative treatments such as homoeopathy - and provide accordingly for those treatments." The response also stated that "the overriding reason for NHS provision is that homoeopathy is available to provide patient choice". By February 2011 only one third of PCTs still

In 2012 in the United Kingdom, Derby University dropped its homoeopathy program, and the University of Westminster ceased enrolling new homoeopathy students. Salford University had dropped its homoeopathy program the previous year.

Public opposition

Overdosing on homoeopathic preparations by single individuals or in "mass suicides" have become more popular since James Randi began taking entire bottles of homoeopathic sleeping pills before lectures. In 2010 The Merseyside Sceptics Society from the United Kingdom launched the 10:23 campaign encouraging groups to publicly overdose as groups. In 2011 the 10:23 campaign expanded and saw sixty-nine groups participate, fifty-four submitted videos.

In April 2012, at the Berkeley SceptiCal conference, over 100 people participated in a mass overdose, taking *caffea cruda* which is supposed to treat sleeplessness.

The non-profit, educational organizations Center for Inquiry (CFI) and the associated Committee for Sceptical Inquiry (CSI) have petitioned the U.S. Food and Drug Administration (FDA), criticizing Boiron for misleading labeling and advertising of *Oscillocochinum*. CFI in Canada is calling for persons that feel they were harmed by homoeopathic products

In August 2011, a class action lawsuit was filed against Boiron on behalf of "all California residents who purchased Oscillo at any time within the past four years." The lawsuit charges that it "is nothing more than a sugar pill," "despite falsely advertising that it contains an active ingredient known to treat flu symptoms."

CBC News reporter Erica Johnson for Marketplace conducted an investigation on the homoeopathy industry in Canada, her findings were that it is "based on flawed science and some loopy thinking". Centre for Inquiry (CFI) Vancouver sceptics participated in a mass overdose outside an emergency room in Vancouver, B.C., taking entire bottles of "medications" that should have made them sleepy, nauseous or dead. After 45 minutes of observation no ill effects were

Johnson asked homoeopaths and company representatives about cures for cancer and vaccine claims, all reported positive results. None could offer any science backing up their statements, only that "it works". Johnson was unable to find any evidence that homoeopathic preparations contain any active ingredient. University of Toronto's chemistry department found that the active ingredient is so small "it is equivalent to 5 billion times less than the amount of aspirin... in a single tablet". Belladonna and atropa "would be indistinguishable from each other in a blind test."

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

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65 Matthew Wood's Writings

Some of Matthew Wood's Writings on Nature and Herbalism

<http://www.naturasophia.com/greenwrit.html>

Nature is Alive!

Philosophy of Healing

The Three Basic Principles of Traditional Western Herbalism

Eight Galenic Classes of Medicinal Herbs

The Ten Most Indispensable Herbs in My Practice

Selections from The Earthwise Herbal

*An Intuitive Study of Rabbit Tobacco. *Gnaphalium obtusifolium* L.*

Energetics and Pharmacology:

Steps Towards Bridging the Gap in Western Herbal Medicine

The Spiritual Dimension of Wildcrafting

TC Wellness Articles

Matthew Wood's Books:

Seven Herbs, Plants as Teachers (1987)

Vitalism, The History of Herbalism, Homeopathy, and Flower Essences, originally entitled The Magical Staff (1993)

The Book of Herbal Wisdom (1998)

The Practice of Traditional Western Herbalism (2004)

Earthwise Herbal : Books 1 and 2 (2008, 2009)

An Exploration of the Conceptual Foundations of Western Herbalism and Biomedicine

Matthew Wood's M.Sc. Dissertation

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29 Naturopathy

Naturopathy

<http://www.aro-healing.com/wnewsdisp.php?id=14667>

Naturopathy, or Naturopathic Medicine, is a natural approach to health and healing that is both a way of life and a concept. It has as its primary goal the establishment and maintenance of optimum health, which is achieved by teaching and promoting the principles of wellness, and treating with natural substances, as opposed to relying on pharmaceutical substances, in order to restore dynamic balance to the body and mind.

It is a distinct, integrated system of primary health care, based on the vitalistic principles of naturopathic philosophy and holism, which is able to treat a wide range of disorders and imbalances.

Vitalism treats disease through the support and stimulation of the body's own inherent healing capacity i.e. the vital force promotes self-cleansing and self-repair and subsequently self-healing.

Naturopathy incorporates several fundamental components of health, including biochemistry, biomechanics, and emotional temperament i.e. it takes into account the multi-factorial nature of illness, in order to restore healing and balance to the individual. Fundamental to the practice of naturopathy is recognition of the integrity of the whole person, which takes into account physical, mental, spiritual, emotional, genetic, social and environmental factors; respect for the healing processes of Nature; and empowerment of the individual to take responsibility for his or her own health process - in partnership with

Food is the best medicine

Naturopathic treatments originated as a system of using food, herbs, air, sun, and water for medicine and as healing agents for the restoration of health.

The same principles still apply in modern day practice, with some innovations, but primarily it still consists of the diagnosis, treatment, and prevention of human disorders by the therapeutic use of diverse natural methods and materials.

Clinical nutrition, which incorporates micro-nutrient supplementation, diet, and fasting

Botanical, aromatic and homoeopathic medicine, which include herbals, homoeopathics, essential oils, flower essences and other energetic medicaments

Iridology and other technical devices

Physical medicine, which includes diathermy, ultrasound, exercise, hydrotherapy, detoxifications, massage, manipulations, electro-magnetics, acupressure, acupuncture/dry needling, reflexology and aromatherapy

Counselling, which incorporates diet, lifestyle and stress management, biofeedback, hypnotherapy and stress management.

Naturopathic medicine is based on the following fundamental principles:

- 1 First do no harm - Primum no nocere
- 2 Identify and treat the cause - Tolle causam
- 3 Treat the whole person - Tolle totum
- 4 The physician as teacher - Docere
- 5 Prevention is the best cure - Preoccupatio est optimus remedium
- 6 Establish health and wellbeing. Fundo valetudo quod salus

The naturopathic mode of healing ensures that each individual is treated according to his or her own unique set of symptoms and reactions. Since these indicators govern the naturopathic doctor's approach towards therapy, each person receives an individualized treatment protocol.

REGULATION OF NATUROPATHIC MEDICINE IN SOUTH AFRICA

The Allied Health Professions Council of South Africa [AHPCSA] is the statutory council that regulates naturopathy in South Africa, in accordance with Act 63 of 1982. The AHPCSA controls all matters relating to students and practitioners including disciplinary matters, educational standards, scopes of practice, and professional fees. www.ahpcsa.co.za

Information provided by Dr S Nye www.greenhousehealth.com

<http://www.integrativemedicine.co.za/naturopathy.html>

Holistic medicine**Holistic Medicine – Matthew Wood Herbs**

<http://www.matthewwoodherbs.com/Philosophy.html>

Holistic medicine consists in the treatment of the spirit, soul, and body.

Herbalism, in order to be holistic, must entertain the possibility that there is a spiritual side to the plant as well as a
This leads us to the even greater possibility that Nature as a whole is a living, spiritual being.

The School of Traditional Western Herbalism is founded upon the concept of holistic herbalism. We view the person and the medicine as having both a spiritual and material level of existence. This infers that we look upon Nature in a similar manner. In doing so, we depart from the conventional scientific approach, which views Nature, humanity, sickness, and plant life as mechanical entities. While we depart from the scientific mainstream we do not abandon science. but attempt to

The view that Nature is a living being is found in almost all pre-technological cultures throughout the world. It is usually associated with pre-modern religions (medieval Christianity, Taoism, Shinto) and people living close to the land (American Indians). However, this perspective is not innately opposed to any religion and may be incorporated into any

In the West the doctrine of the Living Nature was associated with the pagan tradition of Platonic, Aristotelian, Neo-Platonic, and Hermetic philosophy. Plato taught that the entire material world was but a reflection of a spiritual world. Aristotle pictured a world tied together in a great chain of being from God to Nature. These perspectives were incorporated into medieval Christianity, which maintained that Nature was a living entity and that the things of Nature embodied wisdom and spiritual teachings. Eventually, Sir Frances Bacon introduced the theory that the natural world was essentially a machine without a soul. It was an object which could be manipulated, forced, and twisted to reveal its secrets. The investigator, meanwhile, would be an objective scientist who abolished all subjective faculties from his or her scientific personality, including spirit or soul. Bacon separated God from Nature - God had no rulership or expression in

The scientists of the preceding centuries had not automatically separated Nature from sentiment, soul, and spirit. It has been shown that even the anatomical drawings of Andreas Vesalius, which dissected the body and laid Nature bare, were designed according to classical concepts about the residences of the soul and spirit in the human being. His approach precedes from the whole to the parts, the opposite of the modern method. Leonardo da Vinci, whose "Vitruvian Man" is taken as the symbol of the scientific revolution, also attempted to fit his dissections and anatomical knowledge into classical categories representing a spiritual view of the world. Indeed, the "Vitruvian Man" with his arms stretched forth within a circle and a square is so appealing partly because it infers a deeper, mythological context behind human nature. J. W. Goethe, living after the Baconian revolution, attempted to reinsert the subjective element into scientific consideration

The most comprehensive doctrine of knowledge based on Nature in Western culture is found in the work of the sixteenth century alchemist and physician, Paracelsus. He attempted to build a science that was entirely based upon the idea that Nature was alive and ensouled. He experienced the internal reality of the Living Nature and drew his insights from that experience. Thus, he taught that there was an inherent way of knowing Nature and natural processes which was revealed when there was sympathy between the investigator and the subject, the scientist and Nature. This knowledge grew out of unity with Nature, rather than alienation. He called this way of knowing the "Light of Nature" (lumen naturae). Paracelsian philosophy was named "Naturgewissenschaften" in German, that is to say, "the Wisdom of Nature" or, in Latin, Natura

The twentieth century finally demonstrated that science, separated from soul and spirit, could create human monstrosities, like the Nazi eugenics programs or experimentation on concentration camp inmates, destroy natural resources, and threaten the entire planet. This has caused a backlash against scientific mechanism, and yet, the machine still churns on and we find ourselves, in medicine for example, still heretical for advocating a link between spirit and body.

The curriculum of the Institute of Traditional Western Herbalism represents an attempt to teach a natural science - herbalism - based on a spiritual view of Nature. It is therefore based on the Natura Sophia approach. The utilization of the subjective faculties, as well as the objective, makes our endeavor more difficult - but then, life is more difficult than the

Understanding the Herb

We teach a comprehensive and holistic approach to understanding the medicinal plant, in which tradition and modern

The goal is to see the logic in the plant. This starts with natural history - how it is trying to survive in the wild. This innate personality or essence shines through everything in the plant - its appearance, growth habits, environmental niche, chemistry, and medicinal properties. Thus, we need to know the following about a plant:

Names, Common and Botanical:

Yarrow (*Achillea millefolium*, *A. lanulosa*).

The names nosebleed (it causes), carpenter's weed, and soldier's woundwort point to its use.

Family: Asteraceae (Composite). Similar in properties to its cousins arnica, safflower, and erigeron, as a haemostatic.

Natural History, Environmental Niche: Grows in open fields subject to extreme temperature changes.

Doctrine of Signatures: Leaves cut back to the ribs and veins, showing an affinity to the circulatory process.

This, with the resistance to hot and cold weather demonstrate its use in fever, with abrupt changes in temperature and

Energetics:

Quality (hot, cold, damp, dry): warming and cooling, slightly drying

Tissue State: sedative, stimulating, and astringent

Direction: opens the periphery (skin and circulation).

Taste:

Flavor: pungent, bitter

Quality: warm and dry

Impression: astringent, aromatic

Constituents: volatile oils to 4% including azulene, Alpha and beta pinines, sesquiterpine lactones (convert to chamazulene), achilleine (hemostatic), thujone; flavonoids (hypotensive, diuretic, relaxant, sedative); bitters; alkaloids; The volatile oils make it an aromatic stimulant but the flavonoids make it sedative so it encompasses opposite traits.

The achilleine is hemostatic, but the flavonoids also influence circulation, as do the volatile oils in general, which stimulate periphery circulation.

Homeopathic Proving: Produced haemorrhages of bright, red, arterial blood (Henry Minton). *Achillea millefolium* does not have a well developed profile in homoeopathy.

Traditional History and Uses: Throughout the world used as a haemostatic to control bleeding.

Yarrow is especially suited to conditions where the bleeding is bright red.

It increases the venous pick-up of the blood, as seen in its treatment of bruises, where the blood is quickly drained from the It promotes rapid clotting in a cut, yet it will prevent clotting in a bruise.

This control over the circulation of the blood is also seen in its nearly worldwide traditional use as a diaphoretic and febrifuge to bring on sweating, open the peripheral vessels, and bring heat to the surface.

It is beneficial in fever, or chills and fever.

Removes old or new adhesions of blood. Head injuries.

Lessens blood congestion in internal inflammation of the abdomen, liver, intestines, blood vessels.

As a bitter and astringent it also acts on the mucosa, reducing inflammation and engorgement.

Thus it is a remedy for stomach and GI inflammation and irritation, hepatitis, abdominal congestion, high blood pressure, excessive menstrual bleeding, uterine fibroids, blood filled cysts.

The logic of this plant shines through all these uses: yarrow regulates the circulation to control bleeding, heat, fever, and chills, blood congestion and inflammation, and menstrual problems.

Flower Essence: protection. Yarrow is especially beneficial for people who are around sharp tools and weapons a lot. It has been known as carpenter's weed or soldier's woundwort.

Organ Affinities: circulation, blood, skin (diaphoretic); GI tract; liver and portal system; kidneys (diuretic, cooling); female (acts like an oestrogen reducer), bladder.

Specific Indications:

Complexion blue and red, indicating blood stagnation and inflammation.

Tongue flame-shaped, elongated, pointed, carmine red, with sometimes a blue patch in the middle (heat and blood)

Tongue crack down centre, red in the middle; heat entering the blood level.

Pulse full, rapid, non-resistant; the heat is having its way with the system.

Usually red, robust complexion, but occasionally pale from blood pooling in the centre.

Bleeding; bright red.

Uterine fibroids with much bleeding (cf. Capsella, shepherd's purse, fibroids with dark, clotted, oozing blood).

Contra-indications and Toxicity: careful during pregnancy; it stirs up the blood and could be emenagogue, but in practice it usually decreases excess bleeding and can sometimes help keep the baby if there is inflammation and heat.

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Introducing herbs into ARC

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Combinations of herbs in ARC

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ARC Recipes

MEDICINAL RANGE HERBAL PRODUCTS

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Recipe - Nutritional information

Black pitted olives

Nutritional information:

energy

protein

glycaemic carbohydrate

dietary fibre

sodium

it is a product of Spain

enjoy with cheese!

Label nutritional information

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1 Massage Therapy2

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Physical Therapy

Physical Therapy

<http://physicaltherapy.about.com/od/abbreviationsandterms/p/Modalities.htm>

Physio Therapy Treatment

Physical therapists use a variety of modalities to help treat their patients. There are a variety of treatment modalities that can help strengthen, relax, and heal muscles. Below are a few of the treatment modalities physical therapists used daily in

Hot Packs:

Physical therapists wrap moist hot packs in several layers of towels and place them on the area that needs treatment. The heat provided by the hot packs has several important benefits. It relaxes tight muscles causing tissues to relax. This decreases pain caused by muscle tension or spasms. It also causes vasodilatation of the blood vessels which increases circulation to the area. Patients with muscle strains, spasms, or arthritis often benefit from treatment with moist hot packs.

Cold Packs:

Cold packs are a frozen gel substance used by physical therapists to treat areas of pain and inflammation. The cold packs are wrapped in wet towel and applied directly to the area in need of treatment. The cold transferred to the patient's skin, muscle, and tissue has several beneficial effects. The cold temperature causes vasoconstriction of the blood vessels in the area. This decreases the inflammation in the area. By decreasing inflammation, pain and swelling are decreased.

Ultrasound:

Ultrasound machines are a treatment modality used by physical therapists that utilize high or low frequency sound waves. These sound waves are transmitted to the surrounding tissue and vasculature. They penetrate the muscles to cause deep tissue/muscle warming. This promotes tissue relaxation and therefore is useful in treating muscle tightness and spasms. The warming effect of the sound waves also cause vessel vasodilatation and increase circulation to the area that assists in healing. The physical therapist can also adjust the frequency on the machine to use waves that will decrease inflammation.

TENS:

A TENS unit stands for transcutaneous electrical nerve stimulation. It is a small battery operated machine that uses electrical transmission to decrease pain. Electrodes are applied to the affected area. The machine is turned on and an electrical current is sent through the electrodes. A tingling sensation is felt in the underlying skin and muscle. This signal disrupts the pain signal that is being sent from the affected area to the surrounding nerves. By breaking this signal, the

Electrical Stimulation:

Electrical stimulation uses an electrical current to cause a single muscle or a group of muscles to contract. By placing electrodes on the skin in various locations the physical therapist can recruit the appropriate muscle fibres. Contracting the muscle via electrical stimulation helps strengthen the affected muscle. The physical therapist can change the current setting to allow for a forceful or gentle muscle contraction. Along with increasing muscle strength, the contraction of the muscle

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Physical Therapy

Physical Therapy

<http://www.spine-health.com/treatment/physical-therapy/physical-therapy-passive-pt-modalities-back->

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Passive PT (Modalities) for Back Pain

Physical Therapy: Passive PT (Modalities) for Back Pain By: Peter F. Ullrich, Jr., MD

Multiple modalities are commonly employed to reduce low back pain. They are especially useful in alleviating acute low back pain (e.g. an intense, debilitating episode of low back pain) for the patient. Physical therapists or chiropractors

Heat/Ice Packs for Heat Therapy and Cold Therapy

Heat and/or ice are easily available and are the most commonly used type of modality. Each type of therapy helps reduce muscle spasm and inflammation.

Some patients find more pain relief with heat therapy using heat packs and others with cold therapy such as ice massage. The two may also be alternated. They are generally applied for 10-20 minutes once every two hours, and are more useful early on (the first few days) in the course of an episode of pain.

Benefits of Heat Therapy for Lower Back Pain

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Iontophoresis

Iontophoresis is a means of delivering steroids through the skin. The steroid is applied to the skin and then an electrical current is applied that causes it to migrate under the skin. The steroids then produce an anti-inflammatory effect in the general area that is causing pain. This modality is especially effective in relieving acute episodes of pain.

Transcutaneous Electrical Nerve Stimulators

TENS Units for Electrotherapy

A transcutaneous electrical nerve stimulator (TENS) unit uses electrical stimulation to modulate the sensation of low back pain by overriding the painful signals that are sent to the brain. A trial of electrotherapy with the TENS unit is usually done first, and if the patient experiences substantial pain relief, a TENS unit may be used at home for low back pain relief on a

Exercise Ball Therapy for Lower Back Pain Relief

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How is Ultrasound Used for Low Back Pain?

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How is Ultrasound Used for Herniated Discs?

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What is a Physiatrist?

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Physical Therapy Passive PT (Modalities) for Back Pain

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RECIPES

RECIPES

Aro-healing Recipes

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PALMAROSA
ELEMI
BENZOIN
THYME (RED)
CINNAMON LEAF
LITSEA CUBEBA
CORIANDER
DILL HERB
ORIGANUM

REDEA DOXI PH1

ANTI-OXIDANT

Named after **DAVID FRITZ 28TH APRIL 2008**

REVITALISER

PACIFIER

DETOX

PHASE 1

1000ML COLD WATER (BOILED)
6 BAGS REDBUSH TEA (CAFEIN FREE) (VITAL)
30ML BROWN SUGAR

**6 DROPS TEA TREE OIL (AUSTRALIAN) (100% CONCENTRATE)
10ML LEMON JUICE (100% UNSWEETENED)
COOL DOWN AND BOTTLE IN 40ML CONTAINERS**

IF PREFERRED SWEATER, HONEY MAY BE ADDED!

**MAY BE TAKEN HOT OR COLD WITH ICE
ONE SHOT MORNINGS AND/OR EVENINGS**

**REDEA DOXI PH2
ANTI-OXIDANT
REVITALISER
ENERGISER
DETOX
PHASE 2**

**1000ML COLD WATER (BOILED)
10 BAGS REDBUSH TEA (CAFEIN FREE) (VITAL)
60ML BROWN SUGAR
10ML 100% PURE HONEY
10 DROPS TEA TREE OIL (AUSTRALIAN) (100% CONCENTRATE)
1 DROP EUCALYPTUS OIL (100% CONCENTRATE)
1 DROP PEPPERMINT OIL (100% CONCENTRATE)
20ML LEMON JUICE (100% UNSWEETENED)
COOL DOWN AND BOTTLE IN 40ML CONTAINERS**

IF PREFERRED SWEATER, MORE HONEY MAY BE ADDED!

**MAY BE TAKEN HOT OR COLD WITH ICE
ONE SHOT MORNINGS AND/OR EVENINGS**

**FRAN AMOR
35 DROPS IN 100 ml OLIVE OIL (COLD PRESSED)
Named after FRANSIOUS DU TOIT 30TH APRIL 2008**

**BASE OILS – COLD PRESSED/100% EXTRA VIRGIN
AROMATIC OILS -100% PURE CONCENTRATES**

**100 ml OLIVE OIL (COLD PRESSED)
MACADAMIA NUT OIL (COLD PRESSED)
AVACADO OIL (COLD PRESSED)
CARROT EXTRACT
VIT E**

**TEA TREE Australian
3 drops JUNIPERBERRY
1 drop PATCHOULI**

4 drops YLANG YLANG (MADAGASCAR)
3 drops NEROLI
7 drops JASMINE (BLEND)
2 drops BERGAMOT
3 drops SANDALWOOD Amyris
MELISSA
1 drop PINE NEEDLE
PINE
1 drop CAMOMILE (GERMAN N.I.)
2 drops FENNEL Sweet
2 drops STAR ANISEED
LEMONGRASS Citrus
LEMON
6 drops ROSEMARY
EUCALYPTUS
LAVENDER
GERANIUM S.A.
CITRONELLA
WINTERGREEN
PEPPERMINT
ORANGE
TANGERINE

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ANSOL V
33 DROPS IN 100 ml OLIVE OIL (COLD PRESSED)
Named after ANNETTE JACOBS 11TH APRIL 2008
BASE OILS – COLD PRESSED/100% EXTRA VIRGIN
AROMATIC OILS -100% PURE CONCENTRATES

100 ml OLIVE OIL (COLD PRESSED)
MACADAMIA NUT OIL (COLD PRESSED)
AVACADO OIL (COLD PRESSED)
CARROT EXTRACT
VIT E

5 drops TEA TREE Australian
2 drops JUNIPERBERRY
PATCHOULI
YLANG YLANG (MADAGASCAR)
1 drop NEROLI
2 drops JASMINE (BLEND)
2 drops BERGAMOT
1 drop SANDALWOOD Amyris

MELISSA
PINE NEEDLE
2 drops PINE
1 drop CAMOMILE (GERMAN N.I.)
3 drops FENNEL Sweet
1 drop STAR ANISEED
5 drops LEMONGRASS Citratus
4 drops LEMON
3 drops ROSEMARY
EUCALYPTUS
LAVENDER
GERANIUM S.A.
CITRONELLA
WINTERGREEN
PEPPERMINT
ORANGE
TANGERINE

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AROMATIC OILS -100% PURE CONCENTRATES

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MACADAMIA NUT OIL (COLD PRESSED)
AVACADO OIL (COLD PRESSED)
CARROT EXTRACT
VIT E

TEA TREE Australian
3 drops JUNIPERBERRY
PATCHOULI
6 drops YLANG YLANG (MADAGASCAR)
1 drop NEROLI
JASMINE (BLEND)
2 drops BERGAMOT
3 drops SANDALWOOD Amyris
MELISSA
PINE NEEDLE
3 drops PINE
2 drops CAMOMILE (GERMAN N.I.)
FENNEL Sweet

STAR ANISEED
2 drops LEMONGRASS Citratus
5 drops LEMON
ROSEMARY
EUCALYPTUS
LAVENDER
5 drops GERANIUM S.A.
CITRONELLA
WINTERGREEN
PEPPERMINT
ORANGE
TANGERINE

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AROMATIC OILS -100% PURE CONCENTRATES

100 ml OLIVE OIL (COLD PRESSED)
MACADAMIA NUT OIL (COLD PRESSED)
AVACADO OIL (COLD PRESSED)
CARROT EXTRACT
VIT E

3 drops TEA TREE Australian
1 drop JUNIPERBERRY
PATCHOULI
1 drop YLANG YLANG (MADAGASCAR)
1 drop NEROLI
JASMINE (BLEND)
1 drop BERGAMOT
1 drop SANDALWOOD Amyris
2 drops MELISSA
PINE NEEDLE
2 drops PINE
1 drop CAMOMILE (GERMAN N.I.)
2 drops FENNEL Sweet
STAR ANISEED
LEMONGRASS Citratus
3 drops LEMON
2 drops ROSEMARY
EUCALYPTUS

LAVENDER
3 drops GERANIUM S.A.
CITRONELLA
WINTERGREEN
PEPPERMINT
ORANGE
TANGERINE

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AVER ES
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BASE OILS – COLD PRESSED/100% EXTRA VIRGIN
AROMATIC OILS -100% PURE CONCENTRATES

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PINE NEEDLE
3 drops PINE
1 drop CAMOMILE (GERMAN N.I.)
FENNEL Sweet
STAR ANISEED
1 drop LEMONGRASS Citratus
5 drops LEMON
ROSEMARY
EUCALYPTUS
LAVENDER
5 drops GERANIUM S.A.
CITRONELLA
WINTERGREEN
PEPPERMINT

ORANGE
TANGERINE

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2 APRIL 2008

KOBUS SWANEPOEL

SENSUELE OLIE

100ML R100

GEE VIR HOM MET CITRONELLA IN – VIR JAGSEISOEN

6 MEI 2008

KOBUS PRETORIUS

SENSUELE OLIE VIR EJK - LOUIDE

100ML R100

BESTELLING VIR WANNEER HY WEER KOM

WIL EEN MAAL PER WEEK KOM VIR R100

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PROGRAMS

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PROGRAMS

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Steps to a Profitable Acne Program

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Testimonials of using Aro-T Products Testimonials of using Aro-healing Treatment Testimonials of using 'facial

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Substance abuse treatment programme*Empty page**Empty page****Massage Therapy 3****Empty page****Obstacles to cure*****Obstacles to cure**

<http://www.integrativemedicine.co.za/obstacles-to-cure.html>

True healing of a chronic disease requires the sufferer to take some responsibility for making some changes or improvements to his/her lifestyle.

There are many aspects of modern living which are detrimental to health, and which can often be obstacles to regaining health. Drugs and other quick fixes can only remove symptoms temporarily in chronic illness. In order to truly conquer chronic illness, the patient and the practitioner need to work together to identify potential obstacles.

If the patient is prepared to work on removing these obstacles to healing, the organs of elimination are freed up so that normal metabolic processes can start working again. This is essential before intervention with forms of energy medicine such as Homoeopathy, Acupuncture and Quantum SCIO treatments can be fully effective.

Here follow some examples of Obstacles to Cure:

smoking nicotine
 excessive alcohol intake
 abuse of addictive, mind altering drugs
 certain pharmaceutical drugs
 poor diet, e.g. excessive or insufficient consumption of certain foods and nutrients
 consumption of foods to which one is intolerant or allergic
 excessive intake of preservatives, chemicals or other pollutants in the diet
 excessive load of toxic heavy metals. See Heavy Metal Toxicity.
 insufficient intake of water
 mental pollution i.e. excessive negative emotions or stresses
 perceptions about health and disease e.g. cultural or societal traditions
 lack of awareness, or rigidity about change
 physical inactivity

*poor time management, e.g. excessive time pressures

*lack of regular, good quality sleep

*dysbiosis in the gut.

See also Lifestyle Modification.

Some of the above obstacles may take on more importance than others, depending on the nature of the chronic disease. The best progress will be achieved by correcting or removing all the relevant obstacles. This is usually very difficult to do all at once, as habits become entrenched and changes difficult to make. A determined and positive mindset should be the first and foremost goal; if this can be achieved the other lifestyle changes become much easier. Aim to make small steps at first by making changes one at a time, at a pace with which one can cope. Soon the changes gather momentum rather like a

Many chronic diseases will be resolved by merely removing the obstacles, and facilitating the body's natural ability to self-heal. If needed, further steps towards health can be taken with the aid of a variety of integrative medical therapies.

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Chronic Disease

Chronic Disease

<http://www.integrativemedicine.co.za/chronic-disease.html>

A state of disease: Chronic disease is often complex, and usually several modalities have to be employed to achieve good

Apart from the well-documented chronic diseases, there exists a grey area between defined disease and complete wellness. This so-called state of dis-ease is often a cause of great frustration to both the conventional medical doctor and the patient. This is because the patient persists in feeling unwell in spite of normal results from all the traditionally available tests.

The drugs used to combat the symptoms are often ineffective or cause more problems. This is a very common scenario in which the patient may endure many months of harsh treatments, suffering and frustration. Consequently, the poor patient is finally referred, in desperation, for psychiatric assessment and/or treatment for a condition, which was not psychological at the outset. An integrative approach in these situations can provide much needed relief.

Healing vs Suppression

It is important to make the distinction between suppression of symptoms and true healing of a condition. In an acute bronchitis, for example, the antibiotic will suppress the infection by killing the bacteria, thus allowing the Life Force to bring about healing of the condition. In chronic disease, though, the drugs usually just suppress the symptoms. This may continue for as long as the drugs are administered, but as soon as the drugs are stopped the symptoms usually return. This is because healing has not been allowed to take place. Many patients are happy to continue with chronic medication, as it allows them reasonable quality of life, without the effort of having to make changes to their lifestyle.

The symptoms of the disease are in reality the signals that the Life Force is emitting, in an attempt to get correct interpretation and healing. If these vital signals are suppressed each time they appear, the disease process is driven to a deeper level in the body. Let us take the example of a child with eczema, who presents with symptoms of an itchy, scaly rash. The conventional treatment would be to apply cortisone creams to suppress the rash. This eventually drives the pathology to a deeper level and the child may develop asthma. Although the eczema may have disappeared, it has not been cured but merely re-appeared as asthma. If the asthma is suppressed for years with a cortisone inhaler it too can appear to

Chronic diseases can NOT be cured by suppressing the symptoms. Only treatments that recognise the clues that the Life Force is emitting, and work with them with natural, energetic tools, have any chance of assisting the body back to true health. Examples of such treatments include constitutional Homoeopathy, Naturopathy, Acupuncture and others, which all form part of an Integrative approach. True healing is when the person has regained a sense of health and vitality, without

The Germ vs the Terrain

Louis Pasteur, who died 100 years ago, was responsible for the promotion of the germ theory of infection and disease. He discovered pasteurisation and disinfection, which have become so important to modern surgical aseptic procedures. Another Frenchman and colleague, Claude Bechamp, developed a contrasting theory that the integrity of the terrain of the organism or body is far more important in warding off infections. He proclaimed that if one maintains a healthy lifestyle, one's immune system would be stronger, which means that one will not be susceptible to all the germs in your environment i.e. the terrain is strong. Pasteur, on the other hand, advocated killing all the germs in order to prevent disease. Pasteur and Bechamp were vociferous adversaries throughout their lives, but it is interesting to note that on his deathbed Pasteur finally

Conventional medicine to this day follows the Pasteur theory, while practitioners of Natural medicine advocate the truth of the terrain theory put forward by Bechamp.

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What Is Involved in Pain Management Training

What Is Involved in Pain Management Training

<http://www.wisegeek.com/what-is-involved-in-pain-management-training.htm>

Pain management training is an increasing concern among medical professionals due to significant increases in patient cases involving some form of chronic, debilitating pain. Such training is not always prevalent in the curriculum at universities preparing medical professionals for practice in their chosen professional. For that reason, medical personnel often seek training outside the traditional curriculum. Training will often involve learning the treatment algorithms, how pain affects the different components of the body, the different stages of pain, the medications and supplies to support treatment, how to manage the pain of patients, and how to manage safety, risk and complications associated with pain management. During the learning process, medical professionals will often have the opportunity to practice these skills.

Injections are a major portion of what medical professionals will learn during pain management training. Aside from learning the associated anatomy and proper medications for various pain symptoms, they will learn specific types of injections used for various components of the human body. These injections will usually include botox injections, lower back injections, small joint and large joint injections, and various trigger point injections. In addition, medical professionals will also learn how to administer speciality injections as well as related therapies used in conjunction with injections to relieve pain. Therapies may include viscosupplementation therapy for knee pain or prolotherapy for chronic

Examination and diagnosis is an extremely crucial part of pain management treatment. Dedicating a large portion of time to these procedures, pain management training programs will equip medical professional with the tools to properly examine and accurately diagnose patients with chronic pain symptoms. Most programs will cover the technology used as well as how to conduct a wide-variety of tests to help with the diagnostic process. Tests covered may include, but are not limited to the Hoover's test, Spurling test, Shobar test, Milgram's test, Fortis test and others. Medical professional will

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Reflex Stimulation

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Medical Uses for Ginger

Medical Uses for Ginger

by Betsy Hornick and Eric Yarnell

<http://health.howstuffworks.com/wellness/natural-medicine/alternative/medical-uses-for-ginger->

PRECAUTIONS

Ginger is extremely safe. Some people have trouble tolerating its spiciness, but most tend to adapt if they keep taking it. Some concern has been raised because ginger may block platelets from sticking together and cause bleeding, but there have been no cases reported of bleeding in people taking ginger.

However, do not take ginger with blood thinners without first consulting your health care professional. Ginger is safe to use for short-term use (a few days) in pregnancy.

Ginger is one of the ancient, revered medicines of India and Asia. The list of conditions for which it is used is so long that it might prompt scepticism. How can one herb affect so many seemingly different diseases?

Here's how this alternative medicine works:

Healing Properties

Ginger's ability to combat a variety of diseases and conditions is due in part to its impact on excessive inflammation, which is a significant underlying cause of many illnesses. Inflammation is the body's natural healing response to illness or injury, and its pain, redness, heat, and swelling are attempts to keep you from moving a damaged area while it is being repaired. Inflammation subsides as the body heals. However, in some conditions, including arthritis, diverticulosis, gallbladder inflammation, and heart disease, the inflammation does not go away. It becomes chronic and leads to many other

Ginger is particularly useful in treating chronic inflammation because it partially inhibits two important enzymes that play a role in inflammation gone awry -- cyclooxygenase (COX) and 5-lipoxygenase (LOX).

While anti-inflammatory drugs block COX more strongly, they don't affect LOX at all and therefore only address part of the problem. Even worse, anti-inflammatory drugs can cause side effects, such as ulcers, because they also block the beneficial effects that COX has on the digestive tract, including protecting the stomach.

Ginger does not cause stomach irritation; instead it helps protect and heal the gut. Ginger also treats a broader range of the inflammatory problem because it affects both the COX and the LOX enzymes. And because it doesn't shut down the inflammatory process entirely, ginger may actually allow it to work properly and then turn itself off, the way it does with

Besides reducing inflammation, ginger has many other benefits. It helps relieve nausea, destroys a host of viruses, and in some laboratory studies has shown promise as an anticancer agent.

Preparation and Dosage

The part of ginger we use is not a root, as one might guess from the way it looks. It's actually the rhizome, or underground stem. The spicy, aromatic compounds in the rhizome that impart the medicinal activity to ginger are relatively susceptible to heat and oxygen, so tread gingerly when making medicine from this herb.

To make a tea, cut a two-inch cube of rhizome into slices and simmer them in one cup of water on low heat for 10 minutes. Cover the pot while cooking to retain as many volatile constituents as possible. Remove the slices, and sip the remaining liquid before a meal. Eat the slices after drinking the tea. Drink three cups of tea per day, one before each meal.

Ginger capsules or powder are also widely available. Take at least 2,000 milligrams three times or more per day with or without food. Just be sure to use powder that has not been sitting around too long, as it can lose its potency. People often make the mistake of taking too little ginger and thus don't gain the full benefits.

Storage

Store fresh ginger rhizomes in a cool, dark, dry place. Do not keep them in the refrigerator, even after cutting them, or they will shrivel up. Use within 2 to 3 weeks for optimal effects. Capsules or powder should be kept away from heat and light.

This information is solely for informational purposes. IT IS NOT INTENDED TO PROVIDE MEDICAL ADVICE. Neither the Editors of Consumer Guide (R), Publications International, Ltd., the author nor publisher take responsibility for any possible consequences from any treatment, procedure, exercise, dietary modification, action or application of medication which results from reading or following the information contained in this information. The publication of this information does not constitute the practice of medicine, and this information does not replace the advice of your physician or other health care provider. Before undertaking any course of treatment, the reader must seek the advice of their

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Respiratory Distress Syndrome

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Other Names for Respiratory Distress Syndrome ...

Other Names for Respiratory Distress Syndrome

<http://www.nhlbi.nih.gov/health/health-topics/topics/rds/>

Hyaline membrane disease

Neonatal respiratory distress syndrome

Infant respiratory distress syndrome

Surfactant deficiency

What Is Respiratory Distress Syndrome?

Respiratory distress syndrome (RDS) is a breathing disorder that affects newborns. RDS rarely occurs in full-term infants. The disorder is more common in premature infants born about 6 weeks or more before their due dates.

RDS is more common in premature infants because their lungs aren't able to make enough surfactant. Surfactant is a liquid that coats the inside of the lungs. It helps keep them open so that infants can breathe in air once they're born.

Without enough surfactant, the lungs collapse and the infant has to work hard to breathe. He or she might not be able to breathe in enough oxygen to support the body's organs. The lack of oxygen can damage the baby's brain and other organs

Most babies who develop RDS show signs of breathing problems and a lack of oxygen at birth or within the first few hours

Overview

RDS is a common lung disorder in premature infants. In fact, nearly all infants born before 28 weeks of pregnancy develop

RDS might be an early phase of bronchopulmonary dysplasia, or BPD. This is another breathing disorder that affects

RDS usually develops in the first 24 hours after birth. If premature infants still have breathing problems by the time they reach their original due dates, they may be diagnosed with BPD. Some of the life-saving treatments used for RDS may

Some infants who have RDS recover and never get BPD. Infants who do get BPD have lungs that are less developed or more damaged than the infants who recover.

Infants who develop BPD usually have fewer healthy air sacs and tiny blood vessels in their lungs. Both the air sacs and the tiny blood vessels that support them are needed to breathe well.

Outlook

Due to improved treatments and medical advances, most infants who have RDS survive. However, these babies may need extra medical care after going home.

Some babies have complications from RDS or its treatments. Serious complications include chronic (ongoing) breathing problems, such as asthma and BPD; blindness; and brain damage.

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What Causes Respiratory Distress Syndrome

What Causes Respiratory Distress Syndrome?

<http://www.nlm.nih.gov/health/health-topics/topics/rds/>

The main cause of respiratory distress syndrome (RDS) is a lack of surfactant in the lungs. Surfactant is a liquid that coats the inside of the lungs.

A fetus's lungs start making surfactant during the third trimester of pregnancy (weeks 26 through labor and delivery). The substance coats the insides of the air sacs in the lungs. This helps keep the lungs open so breathing can occur after birth.

Without enough surfactant, the lungs will likely collapse when the infant exhales (breathes out). The infant then has to work harder to breathe. He or she might not be able to get enough oxygen to support the body's organs.

Some full-term infants develop RDS because they have faulty genes that affect how their bodies make surfactant.

Who Is at Risk for Respiratory Distress Syndrome?

Certain factors may increase the risk that your infant will have respiratory distress syndrome (RDS). These factors include:

Premature delivery. The earlier your baby is born, the greater his or her risk for RDS. Most cases of RDS occur in babies born before 28 weeks of pregnancy.

Stress during your baby's delivery, especially if you lose a lot of blood.

Infection.

Your having diabetes.

Your baby also is at greater risk for RDS if you require an emergency caesarean delivery (C-section) before your baby is full term. You may need an emergency C-section because of a condition, such as a detached placenta, that puts you or your

Planned C-sections that occur before a baby's lungs have fully matured also can increase the risk of RDS. Your doctor can do tests before delivery that show whether it's likely that your baby's lungs are fully developed. These tests assess the age

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What Are the Signs and Symptoms of Respiratory Distress Syndrome

What Are the Signs and Symptoms of Respiratory Distress Syndrome?

<http://www.nlm.nih.gov/health/health-topics/topics/rds/>

Signs and symptoms of respiratory distress syndrome (RDS) usually occur at birth or within the first few hours that follow.

- 1 Rapid, shallow breathing
- 2 Sharp pulling in of the chest below and between the ribs with each breath
- 3 Grunting sounds
- 4 Flaring of the nostrils

5 The infant also may have pauses in breathing that last for a few seconds. This condition is called apnoea.

Respiratory Distress Syndrome Complications

Depending on the severity of an infant's RDS, he or she may develop other medical problems.

Lung Complications

Lung complications may include a collapsed lung (atelectasis), leakage of air from the lung into the chest cavity (pneumothorax), and bleeding in the lung (haemorrhage).

Some of the life-saving treatments used for RDS may cause bronchopulmonary dysplasia, another breathing disorder.

Blood and Blood Vessel Complications

Infants who have RDS may develop sepsis, an infection of the bloodstream. This infection can be life threatening.

Lack of oxygen may prevent a fetal blood vessel called the ductus arteriosus from closing after birth as it should. This condition is called patent ductus arteriosus, or PDA.

The ductus arteriosus connects a lung artery to a heart artery. If it remains open, it can strain the heart and increase blood pressure in the lung arteries.

Other Complications

Complications of RDS also may include blindness and other eye problems and a bowel disease called necrotizing enterocolitis (EN-ter-o-ko-LI-tis). Infants who have severe RDS can develop kidney failure.

Some infants who have RDS develop bleeding in the brain. This bleeding can delay mental development. It also can cause mental retardation or cerebral palsy.

How Is Respiratory Distress Syndrome Diagnosed?

Respiratory distress syndrome (RDS) is common in premature infants. Thus, doctors usually recognize and begin treating the disorder as soon as babies are born.

Doctors also do several tests to rule out other conditions that could be causing an infant's breathing problems. The tests also can confirm that the doctors have diagnosed the condition correctly.

The tests include:

Chest x ray. A chest x ray creates a picture of the structures inside the chest, such as the heart and lungs. This test can show whether your infant has signs of RDS. A chest x ray also can detect problems, such as a collapsed lung, that may require

Blood tests. Blood tests are used to see whether an infant has enough oxygen in his or her blood. Blood tests also can help find out whether an infection is causing the infant's breathing problems.

Echocardiography (echo). This test uses sound waves to create a moving picture of the heart. Echo is used to rule out heart defects as the cause of an infant's breathing problems.

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Surfactant dysfunction

Surfactant dysfunction

What is surfactant dysfunction?

Surfactant dysfunction is a lung disorder that causes breathing problems. This condition results from abnormalities in the composition or function of surfactant, a mixture of certain fats (called phospholipids) and proteins that lines the lung tissue and makes breathing easy. Without normal surfactant, the tissue surrounding the air sacs in the lungs (the alveoli) sticks together (because of a force called surface tension) after exhalation, causing the alveoli to collapse. As a result, filling the lungs with air on each breath becomes very difficult, and the delivery of oxygen to the body is impaired.

The signs and symptoms of surfactant dysfunction can vary in severity. The most severe form of this condition causes respiratory distress syndrome in newborns. Affected babies have extreme difficulty breathing and are unable to get enough oxygen. The lack of oxygen can damage the baby's brain and other organs. This syndrome leads to respiratory failure, and most babies with this form of the condition do not survive more than a few months.

Less severe forms of surfactant dysfunction cause gradual onset of breathing problems in children or adults. Signs and symptoms of these milder forms are abnormally rapid breathing (tachypnea); low concentrations of oxygen in the blood (hypoxemia); and an inability to grow or gain weight at the expected rate (failure to thrive).

There are several types of surfactant dysfunction, which are identified by the genetic cause of the condition. One type, called SP-B deficiency, causes respiratory distress syndrome in newborns. Other types, known as SP-C dysfunction and ABCA3 deficiency, have signs and symptoms that range from mild to severe.

How common is surfactant dysfunction?

One type of surfactant dysfunction, SP-B deficiency, is estimated to occur in 1 in 1 million newborns worldwide. The prevalence of surfactant dysfunction due to other causes is unknown.

What genes are related to surfactant dysfunction?

Surfactant dysfunction is caused by mutations in one of several genes, including SFTPB, SFTPC, and ABCA3. Each of these genes is involved in the production of surfactant. The production and release of surfactant is a complex process. The phospholipids and proteins that make up surfactant are packaged in cellular structures known as lamellar bodies. These structures are also important for some processing of surfactant proteins, which is necessary for the proteins to mature and become functional. Surfactant is released from the lung cells and spreads across the tissue that surrounds alveoli. This substance lowers surface tension, which keeps the alveoli from collapsing after exhalation and makes breathing easy.

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The SFTPB and SFTPC genes provide instructions ...

The SFTPB and SFTPC genes provide instructions for making surfactant protein-B (SP-B) and surfactant protein-C (SP-C), respectively, two of the four proteins in surfactant. These two proteins help spread the surfactant across the surface of the lung tissue, aiding in the surface tension-lowering property of surfactant. In addition, SP-B plays a role in the formation of lamellar bodies. Mutations in the SFTPB gene cause a type of surfactant dysfunction sometimes referred to as SP-B deficiency. These mutations lead to a reduction in or absence of mature SP-B. In addition, SFTPB gene mutations cause abnormal processing of SP-C, resulting in a lack of mature SP-C and a build up of unprocessed forms of SP-C. These changes lead to abnormal surfactant composition and decreased surfactant function. The loss of functional surfactant raises surface tension in the alveoli, causing severe breathing problems. The combination of SP-B and SP-C dysfunction may explain why the signs and symptoms of SP-B deficiency are similar to those of SP-C dysfunction. Mutations in the SFTPC gene are involved in a type of surfactant dysfunction sometimes called SP-C dysfunction. These mutations result in a reduction or absence of mature SP-C and the build-up of abnormal forms of SP-C. It is unclear which of these outcomes causes the signs and symptoms of SP-C dysfunction. Lack of mature SP-C can lead to abnormal surfactant composition and decreased surfactant function. Alternatively, research suggests that abnormally processed SP-C proteins form the wrong three-dimensional shape and accumulate inside the lung cells. These misfolded proteins may trigger a cellular response that results in cell damage and death. This damage may disrupt surfactant production and release. The ABCA3 gene provides instructions for making a protein that is found in the membrane that surrounds lamellar bodies. The ABCA3 protein transports phospholipids into lamellar bodies where they form surfactant. The ABCA3 protein also appears to be involved in the formation of lamellar bodies.

ABCA3 gene mutations, which cause a type of surfactant dysfunction sometimes referred to as ABCA3 deficiency, lead to reduction or absence of the protein's function. Without ABCA3 protein function, the transport of surfactant phospholipids is decreased. In addition, lamellar body formation is impaired, which causes abnormal processing of SP-B and SP-C.

ABCA3 gene mutations result in abnormal surfactant composition and function. It has been suggested that mutations that eliminate ABCA3 protein function cause severe forms of surfactant dysfunction, and mutations that leave some residual function cause milder forms. Read more about the ABCA3, SFTPB, and SFTPC genes.

See a list of genes associated with surfactant dysfunction.

How do people inherit surfactant dysfunction?

Surfactant dysfunction can have different inheritance patterns depending on its genetic cause.

When caused by mutations in the SFTPB or ABCA3 gene, this condition is inherited in an autosomal recessive pattern, which means both copies of the gene in each cell have mutations. The parents of an individual with an autosomal recessive condition each carry one copy of the mutated gene, but they typically do not show signs and symptoms of the condition.

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When caused by mutations in the SFTPC gene ...

When caused by mutations in the SFTPC gene, this condition has an autosomal dominant inheritance pattern, which means one copy of the altered gene in each cell is sufficient to cause the disorder. In about half of cases caused by changes in the SFTPC gene, an affected person inherits the mutation from one affected parent. The remainder result from new mutations in the gene and occur in people with no history of the disorder in their family.

Where can I find information about diagnosis or management of surfactant dysfunction?

These resources address the diagnosis or management of surfactant dysfunction and may include treatment providers.

Children's Interstitial and Diffuse Lung Disease (chILD) Foundation: Surfactant Deficiency

Gene Tests: ABCA3-Related Pulmonary Surfactant Metabolism Dysfunction

Gene Tests: CSF2RA-Related Pulmonary Surfactant Metabolism Dysfunction

Gene Tests: SFTPB-Related Pulmonary Surfactant Metabolism Dysfunction

Gene Tests: SFTPC-Related Pulmonary Surfactant Metabolism Dysfunction

National Heart Lung and Blood Institute: How is Respiratory Distress Syndrome Diagnosed?

National Heart Lung and Blood Institute: How is Respiratory Distress Syndrome Treated?

You might also find information on the diagnosis or management of surfactant dysfunction in Educational resources and

General information about the diagnosis and management of genetic conditions is available in the Handbook.

To locate a healthcare provider, see How can I find a genetics professional in my area? in the Handbook.

Where can I find additional information about surfactant dysfunction?

You may find the following resources about surfactant dysfunction helpful. These materials are written for the general

MedlinePlus - Health information (2 links)

Additional NIH Resources - National Institutes of Health

National Heart Lung and Blood Institute: What is Respiratory Distress Syndrome?

Educational resources - Information pages (2 links)

Patient support - For patients and families (4 links)

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Animal derived surfactant extract for treatment of respiratory distress syndrome

Animal derived surfactant extract for treatment of respiratory distress syndrome

http://www.nichd.nih.gov/cochrane_data/Animal_derived_surfactant/Animal_derived_surfactant.HT

Authors

Nadine Seger¹, Roger Soll

Background - Methods - Results - Characteristics of Included Studies - References - Data Tables and Graphs

¹Department of Paediatrics, University of Vermont College of Medicine, Burlington, Vermont, USA

²Division of Neonatal-Perinatal Medicine, University of Vermont, Burlington, Vermont, USA

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Contact person

Nadine Seger

Department of Paediatrics

University of Vermont College of Medicine

McClure 7, Fletcher Allen Health Care

111 Colchester Avenue

Burlington Vermont 05401

USA

E-mail: nadineseger@yahoo.com

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What's new

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Abstract

Background

Respiratory distress syndrome (RDS) is caused by a deficiency or dysfunction of pulmonary surfactant. A wide variety of surfactant products have been formulated and studied in clinical trials. These include synthetic surfactants and animal derived surfactant extracts. Trials of surfactant replacement have either tried to prevent the development of respiratory distress in high-risk premature infants or treat established respiratory distress in premature infants.

Objectives

To assess the effect of administration of animal derived surfactant extract on mortality, chronic lung disease and other morbidities associated with prematurity in pre-term infants with established respiratory distress syndrome. Subgroup analysis were planned according to the specific surfactant product, the degree of prematurity, and the severity of disease.

Search methods

Searches were made of the Oxford Database of Perinatal Trials, MEDLINE, EMBASE, and CINAHL from 1975 through December 2008. In addition, searches were made of previous reviews including cross references, abstracts, conference and symposia proceedings, expert informants and journal hand searching in the English language.

Selection criteria

Randomized or quazi-randomized controlled trials that compared the effect of animal derived surfactant extract treatment administered to infants with established respiratory distress syndrome in order to prevent complications of prematurity and

Data collection and analysis

Data regarding clinical outcomes were excerpted from the reports of the clinical trials by the review authors. Data analysis was done in accordance with the standards of the Cochrane Neonatal Review Group.

Results

Thirteen randomized controlled trials were included in the analysis. The studies demonstrated an initial improvement in respiratory status (improved oxygenation and decreased need for ventilator support). The meta-analysis supports a significant decrease in the risk of any air leak (typical relative risk 0.47, 95% CI 0.39, 0.58; typical risk difference -0.16, 95% CI -0.21, -0.12), pneumothorax (typical relative risk 0.42, 95% CI 0.34, 0.52; typical risk difference -0.17, 95% CI -0.21, -0.13), and a significant decrease in the risk of pulmonary interstitial emphysema (typical relative risk 0.45, 95% CI 0.37, 0.55; typical risk difference -0.20, 95% CI -0.25, -0.15). There is a significant decrease in the risk of neonatal mortality (typical relative risk 0.68, 95% CI 0.57, 0.82; typical risk difference -0.09, 95% CI -0.13, -0.05), a significant decrease in the risk of mortality prior to hospital discharge (typical relative risk 0.63, 95% CI 0.44, 0.90; typical risk difference -0.10, 95% CI -0.18, -0.03) and a significant decrease in the risk of bronchopulmonary dysplasia (BPD) or

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Keep Your Family Healthier With Better Air Quality From Your AC Unit

Keep Your Family Healthier With Better Air Quality From Your AC Unit

<http://www.readobot.com/keep-your-family-healthier-with-better-air-quality-from-your-ac-unit>

Air quality is one of the most important aspects of home health. In order to maintain good indoor air quality (IAQ), you will usually need a reputable air conditioning maintenance company to help maintain the AC repair in your home.

If you live locally in hot weather state, you need a local company that is familiar with the area as well as a company that can reach you easily in case of an emergency. You need a company that knows how to test for proper IAQ based upon the knowledge of local contaminants that are usually found in the area.

You also need a company that has the wherewithal to fix the problems that it finds. Many times a problem with IAQ can require a solution as varied as AC repair to the insulation that is inside a home. In order to maintain the quality of health inside a living space, each of these options must be explored one by one in a thorough fashion.

Air-conditioning maintenance is especially important to ensuring that the quality of indoor air remains as high as he can be. The air conditioner basically creates a vent for contaminants to enter a home; in some of the worst cases, the air conditioner can actually help to facilitate the entrance of the most dangerous contaminants. If your home has pets or children, it is especially important to keep the indoor air quality maximized from the inside as well.

There are also some things that every home owner can do in order to reduce the cost of maintenance in the home. Regular filter changes on an air-conditioning unit will help to extend the life of the unit as well as prohibit contaminants from entering the living space from the outside. Home owner should also take note of any liquid leakages from the air-conditioning unit as this may be an indication of a malfunction that is allowing outside contaminants to enter the living

Air conditioning maintenance should also be undertaken on a routine basis. It is especially important to have the A/C unit maintained when the seasons change as this is when most of the problems within a unit will occur.

Buying new air conditioners saves money when replacing inefficient air conditioning systems older than 12 years. Home owners see the savings through lower electric bills and fewer repair bills, since the new properly installed units are more energy efficient. Residents discuss with the HVAC expert affordable options for cooling the home including choosing room air conditioners when buyers want to avoid furnace installation and repair costs. The HVAC representative directs consumer's choices to new energy efficient units that save the most money based on area weather patterns and the

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Autism

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AUTISM

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Definition of AUTISM

Autism: Definition of AUTISM

?Definition of AUTISM

?A developmental disorder that is variable in expression but is recognized and diagnosed by impairment of the ability to form normal social relationships, by impairment of the ability to communicate with others, and by stereotyped behavior patterns especially as exhibited by a preoccupation with repetitive activities of restricted focus rather than with flexible and

?It is a neurobiological disorder that affects physical, social and language skills. First described by Leo Kanner and Hans Asperger in the 1940s, the syndrome usually appears before 2 to 3 years of age.

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Autism

http://www.cannabissearch.com/medical_benefits/autism/

Medical Benefits

Autism

Unlike cancer or HIV, Autism isn't a specific disease, but a spectrum of mental health disorders that, depending on who you ask, may include conditions as common as ADHD or as difficult to identify as Asperger's Syndrome. To date, much of the information about the use of medical marijuana to treat autism spectrum disorders is anecdotal. Parents of afflicted children say that using cannabis helps the symptoms - calming anxiety, easing tensed muscles, etc.

Earlier this year, however, the American biotech company Cannabis Science, Inc., which develops pharmaceutical cannabis products announced a partnership with an organization called UF4A - the Unconventional Foundation for Autism. The goal is for Cannabis Science to help the Foundation build on its success with the proprietary cannabinoid

According to representatives of UF4A, eleven autistic children, so far, have had positive results from pharmaceutical cannabis treatments, but there is concern that such children may become addicted to marijuana as they grow older, or abuse it later in life. As such treatment is also very new it's too soon to determine any long-term effects, positive or

In a press release announcing the partnership with Cannabis Science, Mieke Hester Perez, the founder and executive director of UF4A said, "We believe that this new partnership with Cannabis Science will give us additional push and resources required to advance our Autism research. To date, we have already partnered with the University of California Irvine Medical Center to oversee our cannabis-based Autism research. Included in this group of advisors is the Dean of Medicine at UCI, and child psychiatrist Dr. Rebecca Hedrick M.D. Dr. Melamede of Cannabis Science will be an outstanding addition to the Board of the Foundation. His extensive knowledge of cannabinoid science should prove

The bottom line here is that the effects of medical marijuana on autism spectrum disorders are being studied, and some children with such conditions have shown improvement. Time will tell whether or not those improvements continue.

My neighbors son had it and they used to have him sit in the room and hot box it. They did this until he tried mmj himself.

It is the same with any medicine that an individual may become mentally or physically dependent upon a medicine that they take long-term, such as from childhood. It has been proven that marijuana is not physically addictive, yet people get withdrawals from it after they are daily smokers for years and they quit cold turkey. I believe that if cannabis helps children with autism, they should be able to use it. It has to be less addictive than anti-anxiety pills.

i agree my cousin has Asperger's Syndrome and we hot box the room with him in it and he shows extreme signs of less anxiety and even better behavior

If you have ever seen or been around a child with autism, you know that anything that could help them is a wonderful thing. The effects on the brain are tremendous and very helpful, far better than all the drugs that the doctors will want to give. How can those chemicals be good for anyone, especially a child?

MMJ is no doubt a much underused drug for autism. It would be especially helpful for those autistics suffering from chronic health damaging behaviors like self injurious behaviors where they harm themselves with little relief, according to research, from drugs now available and widely prescribed by doctors. The harsh side effects from drugs like zyprexa, seroquel, haldol and risperidol are well known and have harmed many autistic persons. It's time the medical community advocate for the compassionate and careful use of medical marijuana for autistic persons. No autistic person should have

My son has Autism and I am going to make one thing loud and clear if the Doc's would just watch the results, on any disorder including my own how can they (City, gov, feds, docs) get in the way! Guest | Aug 13, 2011 My son has Autism and I have a disorder as well and really has anyone ever tried to tell their Doc how much your Green works have you seen

I have been using marijuana for a year and a half for my 19 year old son with severe autism and have had great results. He has improved in every area of development (speech & cognition, social, and behavior). He was very aggressive (biting, pinching, and hitting others) and his aggression has become almost non-existent due to the marijuana. I have greatly reduced the pharmaceutical medication that he takes (Risperdal and Lexapro) and I will probably discontinue it altogether soon. I would recommend this to all parents of autistic children. The results can be seen almost immediately (10 minutes) after he ingests a small piece of a marijuana cookie or brownie. The affect it has on his life has been miraculous. It has just allowed his body to relax, and therefore he can learn and cooperate with others. He is so much happier and more in tune with the world and what is going on. It has been truly life-changing. If I could turn back the clock, I would give him marijuana much earlier in his life. I believe, no -- I KNOW -- he would be much higher functioning today if he had

I wish I could get in touch with the person who wrote above about their 19 year old son, because my 21 year old daughter is severely autistic and they have her on HALDOL which is horrible, and I was worried about trying MMJ while she is on that medication. You said that your son is on Risperdal, and I know that med is in the same family as the Haldol (only newer). I would love to speak with you further. How do I get in touch with you??

To the person above. I would love to get in touch with you because my 21 year old autistic daughter is on Haldol, which is in a similar family as Risperdal, which your son is on, and I am afraid to try MMJ while she is on it, but afraid of taking her off it because of potential aggression. I would love to get in touch with you further. How can I do that?

As you can see, I wrote twice because I cannot seem to get the hang of those CAPTCHA codes or whatever they are.

Sorry I entered that twice. Can't get the hang of the Captcha code thing.

The thing that I can't understand is why parents and caregivers are so worried about patients becoming addicted to marijuana, yet they are not worried about their children becoming addicted to prescription medications. Most of these prescribed medications have side effects that are way worse than the condition being treated. If I had children, I would much rather they are on a medical marijuana program than doped up with pills that harm their bodies more than they help. It seems like such a simple decision to me. Would you rather take something organic that you can grow yourself or a pill

I am Asperger's myself and have tried marijuana. Unfortunately it had undesirable effects on me, causing me to hallucinate, become paranoid and lose interest in music, my main love. of course I was a "once every few months" smoker.

why is it that CA is the only state willing to have enough sense to try this out for autistic children. Why can't other states have the intelligence and thrive that CA has. two thumbs up for you! Wake up world ! Guest | Jan 29, 2012 Thanks for this, check out cannabisforautism.wordpress.com for all the info in one place!

Thank you to the person who said "Wake Up World". Also, I have compassion for those sufferers of psychiatric disorders and it's unfortunate that the Cannabis treatment didn't work for the patient just above this comment. Maybe it would be a matter of finding the right strain. There is a huge spectrum of all the different strains which are good for specific ailments. I myself take psych meds (somewhat aimed at bipolar, ADHD, and Asperger's Syndrome) and the meds have had such horrible side effects. MMJ not only has taken care of those distressing side effects,... It's improving my health all the way around. I take this seriously and like to weigh the evidence.

I'm just learning... Hope my comment might help someone in some way.

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Autism biomedical treatment safety Special diets; Nutritional supplements
?Autism biomedical treatment safety

?The use of drugs off label

?By and large, doctors who practice complementary medicine are suspicious of drugs. They prefer evidence-based use of nutritional supplements where possible. Where a drug is used in biomedical therapy, it is usually used to treat a co-occurring condition such as an established yeast infection.

?Mercury, vaccines and autism

?Whether mercury or some other substances in vaccines contributed to the increased cases of autism in recent decades is being debated within the scientific community. There are data both ways.

?Chelation and DMSA

?There is a mistaken notion among people not involved in biomedical therapy that chelation is used to treat autism. This is not the case. Chelation is used to treat heavy metal toxicity. If a heavy metal burden is established in an autistic child, chelation is justified. Clinically, such children have been known to show reduction in autistic symptoms, sometimes

?The drug of choice for chelation in autistic children is DMSA. This is a FDA approved drug for chelation in cases of acute lead poisoning, even in children. There are many published research papers that show DMSA to be effective in

?The use of chelation in chronic mercury poisoning is known as off label use. Two psychoactive drugs, Risperidone (Risperdol) and Methylphenidate (Ritalin) are often used off label in autism treatment as well. Off label use of drugs is widespread and appears to be a generally accepted practice. Off label use of drugs is not quack medicine as suggested by

?Contrary to popular belief, there has been no death associated with the use of DMSA. The case of the death of one autistic boy while undergoing chelation involved the improper use of another chelation drug called EDTA. This drug is normally dripped into the blood stream over 2 to 3 hours. In this instance, the doctor concerned had injected the drug instead. Abubakar Tariq's autopsy showed that he, in fact, died from accident – not from chelation.

?EDTA is not the drug normally used in biomedical therapy for autistic children. Neither is intravenous administration, as implied by the ST article. DMSA is normally administered orally, as a skin cream or as a suppository.

?There are risks involved in the use of DMSA in autistic children. This is why a medical doctor should be willing to take responsibility for patient safety. However, some parents are doing chelation on their own.

?Other issues of safety like special diets and nutritional therapy have also been called to question.

?Special diets

?There are published papers that show the GFCF Diet (Gluten Free Casein Free Diet) to be safe and very useful in reducing autistic symptoms in most autistic children. Those who doubt this obviously have not read the papers nor have any clinical experience in guiding families with the diet.

?Nutritional supplements

?With regard to nutritional supplements in biomedical therapy, supplements are available freely in the open market. With very few exceptions, these have a very large data base of long term safety, even in mega doses. Perhaps the only nutrient not generally available is injectable methylcobalamin (an active form of Vitamin B12). This is not a new therapy. Doctors have been injecting people with methylcobalamin safely for decades.

?Methylcobalamin is water soluble and is completely non-toxic even at super mega doses. Since 2002, there has been some hard core scientific evidence that show the normalizing of dysfunctional biochemistry of autistic children with the

Source: Autism biomedical treatment safety <http://autism-nutrition.com>

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Children with neurologic disorders

Children with neurologic disorders

<http://www2c.cdc.gov/podcasts/rss.asp>

Autism spectrum disorders (ASDs) are a group of developmental disabilities that can cause significant social, communication and behavioral challenges. CDC is committed to continuing to provide essential data on ASDs, search for risk factors and causes, and develop resources that help identify children with ASDs as early as possible.

Autism Spectrum Disorder Topics

Basics

Facts, signs, causes, and what to do if you're concerned.

Screening and Diagnosis

Information for families and health professionals

Treatments

Types of treatment services and early intervention.

Data & Statistics

Data and statistics highlights.

Research and Tracking

What we've learned.

Articles

Scientific articles.

Free Materials

Print or order free materials.

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CDC Facebook Posts

CDC wants to wish all mothers Happy Mother's Day! Being a mother can be the hardest but also the most rewarding job. We appreciate you and how hard you work to be a healthy role model for your kids and your role in keeping them safe. We hope you have enjoyed all the healthy ideas we have suggested to celebrate you. Tell us which healthy Mother's Day ideas you liked the best or suggestions for what we can do next year.

NCBDDD Tweets

Dr. Boyle Tweets

Mothers hold their children's hands for a short while, but their hearts forever. Happy Mother's

Contact Us:

•Centers for Disease Control and Prevention

National Center on Birth Defects and Developmental Disabilities

Division of Birth Defects and Developmental Disabilities

1600 Clifton Road
MS E-87

Atlanta, GA 30333
•☎800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348
New Hours of Operation
8am-8pm ET/Monday-Friday
Closed Holidays
cdcinfo@cdc.gov

Centres for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - Contact CDC-INFO

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Autism Spectrum Disorders (ASDs)

Autism Spectrum Disorders (ASDs)

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FACTS

Autism spectrum disorders (ASDs) are a group of developmental disabilities that can cause significant social, communication and behavioral challenges. People with ASDs handle information in their brain differently than other

ASDs are "spectrum disorders." That means ASDs affect each person in different ways, and can range from very mild to severe. People with ASDs share some similar symptoms, such as problems with social interaction. But there are differences in when the symptoms start, how severe they are, and the exact nature of the symptoms.

Developmental Disabilities

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Diagnosis – ASDs (Autism)

Diagnosis

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Diagnosing ASDs can be difficult since there is no medical test, like a blood test, to diagnose the disorders. Doctors look at the child's behavior and development to make a diagnosis.

ASDs can sometimes be detected at 18 months or younger. By age 2, a diagnosis by an experienced professional can be considered very reliable.¹ However, many children do not receive a final diagnosis until much older. This delay means that children with an ASD might not get the help they need.

Learn more about diagnosis

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Treatment – ASDs (Autism)

Treatment

<http://www2c.cdc.gov/podcasts/rss.asp>

There is currently no cure for ASDs. However, research shows that early intervention treatment services can greatly improve a child’s development. Early intervention services help children from birth to 3 years old (36 months) learn important skills. Services can include therapy to help the child talk, walk, and interact with others. Therefore, it is important to talk to your child’s doctor as soon as possible if you think your child has an ASD or other developmental

Even if your child has not been diagnosed with an ASD, he or she may be eligible for early intervention treatment services. The Individuals with Disabilities Education Act (IDEA) says that children under the age of 3 years (36 months) who are at risk of having developmental delays may be eligible for services. These services are provided through an early intervention system in your state. Through this system, you can ask for an evaluation.

In addition, treatment for particular symptoms, such as speech therapy for language delays, often does not need to wait for a formal ASD diagnosis.

Learn about types of treatments

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Causes and Risk Factors – ASDs (Autism)

Causes and Risk Factors

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We do not know all of the causes of ASDs. However, we have learned that there are likely many causes for multiple types of ASDs. There may be many different factors that make a child more likely to have an ASD, including environmental,

- Οι περισσότεροι αγόρια που γεννιούνται με αυτισμό έχουν αδέρφια ή γονείς που έχουν αυτισμό.
- Τα παιδιά που έχουν αδέρφια ή γονείς με αυτισμό είναι σε μεγαλύτερο κίνδυνο να έχουν αυτισμό.

- Η ΑΣΔσ τενδ το οχχυρ μορε οφτεν ιν πεοπλε ωηο ηαωε χερταιν γενετιχ ορ χηρομοσομαλ χονδιτιονσ. Αβουτ 10% οφ χηιλδρεν ωιτη ΑΣΔσ αλσο ηαωε βεεν ιδεντιφιεδ ασ ηαωινγ Δοων σπνδρομε, φραγιλε Ξ σπνδρομε. Ευβεροουσ-εσγλεροσις. Εορ-εοτηερ-εγενετιγ-εανδ-εγηρομοσομαλ-εδισορδεοσ.
- Ωηεν τακεν δυρινγ πρεγνανχψ, τηε πρεσχιριπτιον δυργσ παλπροιχ αχιδ ανδ-ετηαλιδομιδε-εηαωε βεεν λινκεδ ωιτη α ηιγηερ ρισκ οφ ΑΣΔσ.
- We know that the once common belief that poor parenting practices cause ASDs is not true.
- There is some evidence that the critical period for developing ASDs occurs before birth. However, concerns about vaccines and infections have led researchers to consider risk factors before and after birth.
- A small percentage of children who are born prematurely or with low birth weight are at greater risk for having ASDs.

ASDs continue to be an important public health concern. Like the many families living with ASDs, CDC wants to find out what causes the disorder. Understanding the risk factors that make a person more likely to develop an ASD will help us

We are currently working on one of the largest U.S. studies to date, called Study to Explore Early Development (SEED). SEED is looking at many possible risk factors for ASDs, including genetic, environmental, pregnancy, and behavioral factors.

Study to Explore Early Development (SEED)

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Learn more about CDC's research on possible causes and risk factors for ASDs »

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Who is Affected

<http://www2c.cdc.gov/podcasts/rss.asp>

ASDs occur in all racial, ethnic, and socio economic groups, but are almost five times more common among boys than among girls. CDC estimates that about 1 in 88 children has been identified with an autism spectrum disorder (ASD). More people than ever before are being diagnosed with an ASD. It is unclear exactly how much of this increase is due to a broader definition of ASDs and better efforts in diagnosis. However, a true increase in the number of people with an ASD cannot be ruled out. We believe the increase in ASD diagnosis is likely due to a combination of these factors.

For over a decade, CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network has been estimating the number of people with an ASD in the U.S. We have learned a lot about how many children in the U.S. have an ASD. It will be important to use the same methods to track how the number of people with an ASD is changing over time in order to learn more about CDC's research on the number of people with an ASD in the U.S. »

If You're Concerned

If you think your child might have an ASD or you think there could be a problem with the way your child plays, learns, speaks, or acts, **contact your child's doctor, and share your concerns.**

If you or the doctor is still concerned, **ask the doctor for a referral to a specialist** who can do a more in-depth evaluation of your child. Specialists who can do a more in-depth evaluation and make a diagnosis include:

- Developmental Pediatricians (doctors who have special training in child development and children with special needs)
- Child Neurologists (doctors who work on the brain, spine, and nerves)
- Child Psychologists or Psychiatrists (doctors who know about the human mind)

At the same time, call your state's public early childhood system to request a free evaluation to find out if your child qualifies for intervention services. This is sometimes called a Child Find evaluation. You do not need to wait for a doctor's referral or a medical diagnosis to make this call.

Where to call for a free evaluation from the state depends on your child's age:

- If your child is not yet 3 years old, contact your local early intervention system.

You can find the right contact information for your state by calling the National Dissemination Centre for Children with Disabilities (NICHCY) at 1-800-695-0285.

Or visit the NICHCY website

Once you find your state on this webpage, look for the heading "Programs for Infants and Children with Disabilities: Ages Birth through 3".

If your child is 3 years old or older, contact your local public school system.

Even if your child is not yet old enough for kindergarten or enrolled in a public school, call your local elementary school or board of education and ask to speak with someone who can help you have your child evaluated.

If you're not sure who to contact, call the National Dissemination Centre for Children with Disabilities at 1.800.695.0285 or visit the NICHCY website

Once you find your state on this web page, look for the heading "Programs for Children with Disabilities: Ages 3 and older".

Research shows that early intervention services can greatly improve a child's development. In order to make sure your child reaches his or her full potential, it is very important to get help for an ASD as soon as possible.

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Wide Spectrum of Autism Symptoms

Wide Spectrum of Autism Symptoms

<http://healthcare.siemens.com/news-and-events/autism-research?stc=wwhcc800090>

Autism, a set of brain disorders that affect a child's social and behavioral development, is typically diagnosed when a child is between two and five years old. Symptoms range across a wide spectrum, from severe communication disabilities and repetitive movements, to social awkwardness. Boys are about five times more likely to be diagnosed with autism than girls, according to a study by the Centers for Disease Control and Prevention. That same study found that white children are slightly more likely to develop autism than black and Hispanic children.

Children in other developed countries have rates similar to that of the USA, with some variation for cultural differences in what behaviors are within the autism spectrum, says Roberts, who is Vice Chair of Research in the Department of Radiology and part of the Centre for Autism Research at CHOP. "These children and young adults have difficulty maintaining social interactions," Roberts says. "Sometimes they don't get social cues; sometimes they don't feel

Also devastating is the rising number of diagnoses. “It does seem like an epidemic,” Roberts says. “In fairness, awareness in 2012 is much greater than it was five years ago, and certainly greater than 10 years ago. Many cases were being missed in the past. Today, parents are more informed, and primary physicians are more informed.” In addition, the diagnostic category has been broadened beyond the “classic autism” of repetitive movements and severe communication problems. “It’s likely you’re going to get more cases, just because you have a broader definition,” Roberts says. “And yet, those two factors alone cannot account for the prevalence figure of one in 88 [when it used to be one in 1,000].” Roberts says. “There is a real biological basis to the growth as well.”

Many Disorders, Few Answers

Timothy Roberts, MD, Vice Chair of Research in the Department of Radiology and part of the Centre for Autism Research

The nature of that biological basis continues to be a daunting challenge for researchers. What we know is that autism results from a complex interaction of genetics and environment. “It’s not a single gene,” Roberts explained. “There maybe 10 or more genes that have to interact, and even then, they may require an environmental trigger. So you need the genetic Complicating the research is the fact that autism is an umbrella term covering various disorders with different behavioral manifestations and, likely, causes. In some rare cases, autistic children are able to accomplish mental feats that few “normal” people can. “It’s not inconceivable that some will function better, in some niche way,” Roberts says. “They may have [brain] connections that may be absolutely optimal for remembering 24-digit numbers, something the rest of us can’t A recent study published in Intelligence magazine found that eight prodigies in music, art, and math scored high in autistic traits, most notably a stunning attention to detail. “It’s all a question of degree,” Roberts says. “Autism is a big mystery. It’s a very heterogeneous disorder.”

Robert uses the 3T system MAGNETOM Verio for autism research

Searching for Commonalities

While the behaviors of autistic children are different, Roberts theorizes that there are commonalities deep in the brain. “There might be a fundamental enough level of abnormal conductivity that there will be common features that unite these children,” he explains. Find that commonality, and doctors can begin the search for treatments that go beyond the Roberts’ research looks for those commonalities in the wiring of the brain, particularly the pathways for sound. He says the brains of eight of every 10 autistic children respond to sound about one-hundredth of a second later than the brains of non-autistic children. In a casual conversation, autistic children’s brains may be ten words behind. “These delays add up and cascade,” Roberts says. “Suddenly, conversations become complex.” Not only does the research indicate a possible reason for the communication problems of many autistic children, but it could be used as a biomarker to diagnose autism at an earlier age. That’s important, because behavioral therapies for autism are more effective the earlier they begin. Roberts To help with diagnosis, researchers at CHOP use diffusion magnetic resonance imaging (MRI) to map the white matter of the brain, and magnetoencephalography (MEG) technology to map the electrical activity in the brain. “This is a very difficult problem that warrants a multimodal approach,” Roberts says. “No single modality will have the answer here. We know the delay is coming from the auditory cortex, and that’s where the MRI helps out. The source of the magnetic field can be identified in an anatomic context, so that’s the way that MRI and MEG get fused.” Roberts uses a Siemens MAGNETOM® Verio, a 3T system he credits with giving him the ability to reveal the quality of connections in the brain’s The second piece of technology, the MEG, allows researchers to record brain activity in real-time, in millisecond time scale. Looking something like a 1950s hair dryer, the MEG essentially measures the electrical current given off by nerve cells with every thought and feeling. “We have a helmet full of these magnetic field detectors, able to pick up spatial and temporal representation of brain function.” Roberts explains.

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Searching Brain Pathways for Clues on Autism

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Folic Acid and Autism

Folic Acid and Autism

?Folic Acid and Autism

?In a new study, mothers of children with autism recalled getting less folic acid through food and supplements early in their pregnancies than mothers whose kids didn’t develop the disorder

?Meeting recommendations for folic acid - at least 600 mcg per day - in the first month of pregnancy was tied to a 38 percent lower chance of having a kid with autism or Asperger's, researchers reported in the American Journal of Clinical

?Folic acid has been added to breakfast cereals and other grains in the United States since 1998 because of evidence showing deficiencies in pregnant women increased the risk of neurological birth defects.

?Questions have remained about whether lack of foliate, or difficulty processing it, might increase the risk of mental retardation and certain developmental disorders as well.

?Foliate "becomes very critical in the early stages of life... as well as the first year of life, when basically the brain is establishing connections and functions," said Dr. Edward Quadros from SUNY Downstate Medical Centre in Brooklyn. "If there is a foliate deficiency, this disrupts a lot of functioning with the brain." Quadros, who has studied autism and folic

?The possible link between folic acid and autism remains controversial, researchers noted. Some have suggested that extra folic acid during pregnancy might actually be tied to a higher chance of autism." There were a lot of hypotheses on how perhaps the folic acid fortification in the US was responsible for the increased prevalence of autism spectrum disorders, so that was also a concern," said Dr. Rebecca Schmidt, the lead author of the new study from the University of California, Davis. "When we starting looking at this. I thought it could go either way." she said.

?Even with the new findings, there's no proof that if some women in the study had gotten more folic acid in their pregnancy diets, their children wouldn't have developed an autism spectrum disorder.

?Schmidt and her colleagues surveyed the mothers of 429 preschoolers with an autism spectrum disorder and 278 with normal development about their diet and supplement use before and during pregnancy. Using that information, they calculated how much daily folic acid women were getting each month.

?As a group, mothers of kids without autism got more folic acid through fortified foods and vitamins while pregnant than those who ended up having an autistic child. That difference was greatest in the first month of pregnancy, when mothers of normally-developing babies remembered getting an average 779 mcg of folic acid daily and 69 percent of them at least met

?That compared to an average 655 mcg in moms of autistic kids, 54 percent of whom got the recommended 600 mcg or

?One serving of fortified breakfast cereal, or three-quarters of a cup, has 400 mcg of folic acid. Lentils and spinach, 2 natural sources of foliate, both have between 100 and 200 mcg per half-cup.

?The link between folic acid and autism remained in the new study when Schmidt's team adjusted for age and race, as well as smoking status and alcohol use during pregnancy.

?Getting the science community on board

?Not all researchers in the field are on board with implicating low folic acid in autism and Asperger's. "It is difficult to convince the scientific community more than anybody else," Dr Quadros said.

? "I would be very careful," said Dr. Fernando Scaglia, who has also studied autism and foliate deficiency at Baylor College of Medicine in Houston, Texas. "I think that more studies need to be done to see if this can be replicated."

?Then, he told Reuters Health, researchers would have to understand exactly what's going on in the brain that would tie less foliate during development to autism. "It seems to be good for neural development overall, but I think we do need to figure out how it's working," Schmidt told Reuters Health.

?For now, when it comes to folic acid during pregnancy, she said, "The recommendations that are out there already are pretty good to follow."

Source: Folic Acid and Autism <http://speech-language-pathology-audiology.advancweb.com>

If a woman has enough folic acid in her body before and during pregnancy, it can help prevent major birth defects of the baby's brain and spine. Women need 400 micrograms (mcg) of folic acid every day.

Fill Up with Folic Acid (A Minute of Health with CDC) Neural tube defects can result in a lifetime of health problems or even death. This podcast discusses how the lack of folic acid before and during the first few weeks of pregnancy is one of the leading causes of neural tube defects and encourages pregnant women to get enough folic acid in their diets. Created: 9/2/2010 by MMWR. Date Released: 9/2/2010

Fill Up with Folic Acid (A Cup of Health with CDC) Neural tube defects are serious birth defects that affect the development of the brain or spine. These conditions can result in a lifetime of health problems or even death. One of the leading causes of neural tube defects is a lack of folic acid before and during the first few weeks of pregnancy. In this podcast, Alina Flores discusses the importance of folic acid in preventing these birth defects. Created: 9/2/2010 by MMWR. Date Released: 9/2/2010. (Publish

Folic Acid: Helping to Ensure a Healthy Pregnancy Women should take 400 micrograms of folic acid every day before and during early pregnancy to help prevent certain birth defects. . Created: 12/14/2007 by National Centre for Birth Defects and Developmental Disabilities (NCBDDD). Date Released: 1/17/2008

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