**OPTIMAL ACADEMY**

**Integrative Health Institute (Combination of Nature and Science)**

**Diploma in Naturopathy and Herbal Medicine**

**Introduction**

Optimal Academy is founded on the principles of pure Naturopathy, which incorporates a holistic approach to the treatment and prevention of mind-body imbalances that lead to disease. We seek to educate students in an authentic system of natural medicine that can be traced to the teachings of Stoicism in ancient Greece, and that was incorporated into a system of medicine by Hippocrates, widely regarded as the father of modern medicine. The first principle of Natural Medicine, as stated in the Hippocratic Oath, is ‘Do No Harm.’ This core foundation is integrated with advances in the fields of nutrition, psychoneuroimmunology, heart-brain coherence, epigenetics, phytochemical research, and holistic anatomy and physiology. Our Natural Physician Diploma programme is in alignment with the World Health Organisation definition and guidelines for Naturopaths; a definition that was created through the contributions of more than 274 reviewers, including experts and national authorities, as well as professionals and non-governmental agencies. Although there are schools that medicalise Naturopathy, in order to gain funding from supplement and product companies, Optimal Academy is committed to teaching pure Naturopathy, without affiliation with special interests. Naturopathy is a profession that is practiced throughout the world, with Eastern and Western Europe, Scandinavia, Australia, New Zealand, South Africa, Canada, Russia, India and the United States having the highest numbers of practicing naturopaths. Naturopathy is classified as a traditional medicine and has evolved, since ancient times, as a deeply rooted part of European natural medicinal systems. From Europe, Naturopathy has found its way, with the founding fathers of the United States and the Commonwealth, to all parts of the world settled or governed by those of European descent. **Naturopathy is a discipline of accumulated knowledge of effective natural therapies, diet, herbs and lifestyle *in practice*, and does not have a single originator. It is a part of our heritage.**

Naturopathy is a blend of many different disciplines that were passed down through the ages. It has its roots in Eastern medicine and herbal lore and nature cure methods have been added over the ages. Knowledge of naturopathic philosophy will help you understand your client’s symptoms, enabling you to unravel how they arrived at them. Not only does this help alleviate the symptoms but it also puts the client back in control of their health. This is the role of the naturopath as ‘Docere’ or teacher. Naturopathy is a multi-dimensional field of opportunity that students explore with our strong foundation based on personal experience with self-healing and hands on classes. With a potential future with private practice, growing or harvesting herbs, creating products, creating or working for ethical natural product companies, spas, health food stores or clinics, running booths at festivals and fairs, teaching your own courses and workshops, or combining naturopathy and herbal medicine with other therapeutic modalities, students turn what they love into a life they love to live! Naturopaths are trained in many natural health disciplines to become experts in holistic healthcare, enabling them to assist their clients from many different perspectives, selecting the optimum natural healthcare treatment plan. This course provides an in- depth study of Eastern medicine and Naturopathy. It is the only programme, to our knowledge, that combines the four main Eastern medicines and Naturopathy disciplines in one programme.

**HERBAL MEDICINE**

The Herbal Medicine instils an authentic relationship with plant medicine in daily practice, as students explore the multi-dimensional therapeutic qualities of plants through hands-on creation of formulae, tinctures, salves, ointments, distillations, infused oils, flower essences and experiential treatment with poultices, packs and foot baths. Knowledge of the medicinal and nutritive properties of herbs is grounded in experience of direct perception plant communication, plant recognition, elemental properties expressed through plant colour, structure and signature, ethical harvesting and foraging, plant drying and storage, and pharmacy protocols, so that students develop a relationship with the energetics of nature and learn to work in harmony with plant rhythms and intention. Each medicinal plant that we learn about, experience and befriend offers a lifetime of healing support. The Herbal Medicine provides the foundation for a lifetime of exploration, with respect and appreciation for the natural world.

**VISION STATEMENTS**

Our Vision will be the best college of Naturopathy in Nigeria that will provide various ways of complementary and alternative medicine to promote healthcare

**MISSION STATEMENTS**

The Mission is to train and equip our students with the necessary traditional medicine and complementary skills to manage and care for human health

**Admission Guidelines**

**Entry Requirement:** For New Students For admission, a candidate should have at least five (5) credits which must include chemistry, biology, physic, mathematics and English at GCE or SSCE of WAEC or NECO at not more than two (2) sittings.

**Holders of Therapeutic Massage Certificate:** Holders of Therapeutic Massage certificate shall undergo at least two (1) years work experience post-graduation before applying for the Diploma in Therapeutic Massage Programme.

**Duration of Course**

This shall be six (6) Months. Comprising of first three months in classroom academic lecture, the other three months in an integrative clinical setting

**Academic Regulations**

Academic regulation shall exist and shall contain rules and regulations governing: the terminal and final examinations, including the grading systems, penalties for examination malpractices, requirements for withdrawal/repeat and probation, conditions for graduation,75% mandatory class attendance etc.

**Grading System**

*Table 1.0: 5 Points Grading*

|  |  |  |  |
| --- | --- | --- | --- |
| **EXAMINATION SCORE** | **LETTER GRADING** | **GRADE POINT** | **CLASS OF CERTIFICATE** |
| 80 and above | A | 4.50 - 5.00 | Distinction |
| 60 – 79 | B | 3.50 - 4.49 | Upper Credit |
| 50 – 59 | C | 2.50 - 3.49 | Lower Credit |
| 40 – 49 | D | 2.00 - 2.49 | Pass |
| 0 – 39 | F | 0.00 - 1.99 | Fail |

**Naturopathic Philosophy**

The many naturopathic techniques and its philosophy are not considered ‘scientific’ and therefore much of this ancient wisdom is being dropped from modern courses or, at best, only receives a cursory mention. The result is confusion about what true naturopathic philosophy can teach us as practitioners. It also leads to its teachings being misunderstood and therefore not practiced effectively. This course seeks to address the lack of naturopathic teaching and also the lack of connections that are made between different symptoms. The body never acts against us and it has the capacity to rebalance itself under the right circumstances. The art of the naturopath is to make sense of the symptoms and to reassure the client that balance can be restored.

In our current environment we suffer many stresses, both emotional and environmental (to name but two) and these stresses immediately impact the body, causing dehydration and electrolyte imbalances. This is the beginning of symptoms, which are at first so subtle as not to be noticed. Once symptoms become apparent there are usually a few bodily systems involved. Unless we understand the initial cause we can only hope, at best, to palliate symptoms.

The six principles that guide the therapeutic methods and modalities of naturopathic medicine include:

a. First Do No Harm- primum non-nocere Naturopathic medicine uses therapies that are safe and effective

b. The Healing Power of Nature-vis medicatrix naturae the human body possesses the inherent ability to restore health. The physician’s role is to facilitate this process with the aid of natural, nontoxic therapies.

c. Discover and Treat the Cause, Not Just the Effect – tolle causam Physicians seek and treat the underlying cause of a disease. Symptoms are viewed as expressions of the body’s natural attempt to heal. The origin of disease is removed or treated so the patient can recover.

d. Treat the Whole Person- tolle totum The multiple factors in health and disease are considered while treating the whole person. Physicians provide flexible treatment programs to meet individual health care needs.

e. The Physician is a Teacher- docere the physician’s major role is to educate, empower, and motivate patients to take responsibility for their own health. Creating a healthy cooperative relationship with the patient has a strong therapeutic value.

f. Prevention is the best “cure” Naturopathic physicians are preventive medicine specialists. Physicians assess patient risk factors and heredity susceptibility and intervene appropriately to reduce risk and prevent illness. Prevention of disease is best accomplished through education and a lifestyle that supports health.

**Why study Naturopathy**

Naturopathy is an amazing subject which offers a depth of understanding which many other medical disciplines can only hope to achieve. Its wisdom is based upon many traditions such as ancient medicine, psychology, homeopathy, medical herbalism, nature cure and hydrotherapy. This amazing combination of study can only serve to enhance your practice and provide you with a depth of understanding that is unparalleled by other medical disciplines. Internal surveys show that naturopaths spend, on average, approximately 45-60 minutes with new patients and 30 minutes with established patients per visit. This amount of time is necessary in a holistic practice and naturally leads to a more patient-centered approach and more physician satisfaction. This degree of satisfaction with professional life is not always seen with mainstream physicians. In a national survey conducted by the American Association of Naturopathy Physicians (AANP), over 80% of Naturopathy practitioners described themselves as “Satisfied” to “Very Satisfied” in their practices, with 51% reporting they are in solo practices or are the principal in a clinic environment. While many choose to work part-time for a multitude of reasons, 77% see more than 31 patients per week. Sixty-nine percent treat the underserved and 45% offer sliding fee scales to their patients. Sixtysix percent have instituted ‘green living’ into their practices, and more than 61% are members of various environmental groups.

**STANDARDS OF CARE FOR NATUROPATHIC MEDICINE**

**A. The purpose for standards of practice is to:**

1. Provide criteria that will offer guidelines for the daily practice of naturopathic medicine;

2. Identify to the public the responsibilities of the naturopathic physicians and to give surety in maintaining public safety;

3. Ensure that the interests of public health are maintained;

4. Provide guidelines to state boards, licensing and federal agencies with which they might evaluate professional actions;

5. Provide a template for newly-licensed states to develop standards based criteria on licensing laws;

6. Provide assurance of uniform agreement among the naturopathic profession on the principles and practice of naturopathic medicine; and

7. Periodically review and, where necessary, modify standards of practice and care in order to assure public safety, compliance with public health standards and to accommodate the ongoing advances in medical practice.

**B. Definition of terms:**

1. Standards: that which is established by custom or authority as a model, criterion, or rule for comparison of measurement.

2. Care: supervision, charge; in the care of a doctor.

3. Practice: the use by a health care professional of knowledge and skill to provide a service in the:

1. Prevention of illness,

2. Diagnosis and treatment of disease,

3. Maintenance of health.

4. Service: to be of assistance, to render aid.

5. Standards of Practice: the established model, criterion or rule by which the physician undertakes their supervision or care of the individual patient

Scope of practice:

The scope of a naturopathic physicians practice is eclectic and dynamic in nature. The naturopathic physician is trained to understand and utilize a wide variety of therapeutic modalities and selects the treatment that in their opinion, best serves the patient’s condition. The types of therapeutic modalities a physician may choose from include, but are not limited to:

a. Acupuncture [with additional certification]

b. Botanical medicine

c. Clinical nutrition & nutritional counseling

d. Electrotherapy

e. Homeopathy

f. Hydrotherapy

g. Light and air therapy

h. Massage therapy / neuro-muscular technique

i. Natural childbirth [with additional certification]

j. Naturopathic manipulative technique

k. Orthopedics

l. Physical medicine

m. Psychotherapy and counseling

n. Soft tissue manipulation

o. Surgery

p. Use of appropriate pharmacological agents

The naturopathic physician is obligated to keep up with the changes in medicine, which may be accomplished through continuing education seminars, training programmes, workshops, etc. In the event the physician belongs to a specialty society, they are obligated to maintain the standards of education set by that society. The naturopathic physician has an obligation to critically and without bias evaluate new therapeutic agents and methods that may be of benefit to their patients. The naturopathic physician is encourage to continually evolve his or her manner of practice of health care in order to provide increased benefit to his or her patients.

**CURRICULUM**

**First Semester**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **CODE** | **COURSE** | **STATUS** | **UNITS** |
| 1 | GNS 102 | Communication Skill ( Use of English) | C | 2 |
| 2 | DNM 102 | Human Sciences | C | 2 |
| 3 | GNS 104 | Logic and Creative Thinking | R | 1 |
| 4 | DNM 118 | Taxonomy and Cultivation of  Medicinal Plants | R | 2 |
| 5 | DNM 104 | Ayurveda Medicine | C | 2 |
| 6 | DNM 106 | Introduction to Traditional Medicine | C | 2 |
| 7 | DNM 108 | Naturopathy | C | 2 |
| 8 | DNM 110 | Materia Medica | C | 2 |
| 9 | DNM 114 | Oral Health | C | 2 |
| 10 | DNM 116 | Seminar Presentation | C | 3 |
|  |  | **TOTAL** |  | **20** |

**Second Semester**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **CODE** | **COURSE** | **STATUS** | **UNITS** |
| 1 | DNM 101 | Hydrotherapy | C | 2 |
| 2 | DNM 103 | Iridology | C | 2 |
| 3 | DNM 105 | Practitioner Development & Ethics | C | 1 |
| 4 | DNM 107 | Herbal Pharmacy | C | 2 |
| 5 | DNM 109 | Chinese Herbal Medicine | C | 2 |
| 6 | DNM 111 | Herbal Pharmacology and  Therapeutics | C | 2 |
| 7 | DNM 113 | Pharmacognosy & Dispensing | C | 2 |
| 8 | DNM 115 | Tibetan & Unani Medicine | C | 2 |
| 9 | DNM 117 | Project work | C | 4 |
|  |  | **TOTAL** |  | **19** |

**DETAILED COURSE DESCRIPTION**

**Introduction to Traditional Medicine**

1. Introduction to African Traditional Medicine, to the study of herbal medicine and the profession of medical herbalism; what is it, what scientific evidence is there to support its practice?

2. Herbal medicine across the world; Western Herbal Medicine; Traditional Chinese medicine; Ayurveda; other key traditions; are there universal aspects to herbal medicine? The inclusion of non-western herbal medicine. Herb identification walk.

3. History of western herbal medicine from classical times to the Renaissance; to what degree is this simply the history of western medicine; why and when does ‘herbal medicine' become distant from 'medicine'?

4. The growth of medical science and chemical medicine; rejection of herbal medicine; establishment of 'irregular' medicine - herbal medicine and homoeopathy'; eclecticism, physiomedicalism and naturopathic perspectives on health and illness.

5. Herbal medicine in the 20th century to the present day. The role of science and the arts in understanding and developing herbal medicine. Holism and reductionism. Reuniting 'medicine' and 'herbal medicine'.

6. The practice of medical herbalism: basic review of herbal practice, is it safe, what conditions does it treat most effectively? Enhancement of health as well as the treatment of disease. Basic concepts of medical herbalism.

7. Introduction to materia medica: ways of understanding medicinal plants including taste, smell and touch, the role of pharmacology, actions and indications. Dosage. Study of 20 commonly used medicinal plants. Basic formulation; simple methods of preparation and application.

8. Legislation affecting traditional medicine practice. Is integration possible? Ethical issues. Herbal medicine research.

**Ayurveda Medicine**

**1. Introduction: (a)** Historical origins (b) Divine origins:  (c) Recorded history of Ayurveda  (d) Ayurveda today    
**2. Ayurvedic philosophy**(a) The six philosophies of Ayurveda  (b) Sankhya Philosophy    
- Purusha: Pure consciousness   - Prakruti: the divine mother    - Mahad: The cosmic Mind, or supreme intelligence    
- Ahamkara: “I am”   - Buddhi: the individual intellect  - Manas -the individual mind    
(c) The three Gunas   - Sattva   - Rajas   - Tamas  (d) Panchamahabhuta: the five great elements  - Akasha (Ether or Space)  - Vayu (Air) - Agni (Fire)    - Jala or Apas (Water)    - Prithvi (Earth)     
**3. The Five Great Elements of Ayurveda**(a) The twenty attributes of Ayurveda   (b) The elements and ‘constitution’ types   - Ether   - Air               - Fire           - Water   - Earth   (c) The five elements in relation to the human body     
**4. The Tri Dosha Theory**(a) The three Dosha: Vata, Pitta and Kapha   (b) Like increases like   (c) Attributes of the tri Dosha   - VATA   - PITTA   - KAPHA   (d) Dual types   (e) Prakruti and Vikruti: the concept of balance and imbalance   (f) Prakruti, our basic nature   (g) Vikruti ‘our imbalance’   (h) The concept of Ojas, Tejas and Prana     
**5. Ayurvedic Anatomy and Physiology**  (a) The sub Doshas   (b) Sites of the Doshas in the body   (c) The Doshas and their subtypes (d) “Agni and Ama”   (e) The concept of Agni   (f) The 40 main types of Agni   (g) Faulty food combinations     
**8. Tongue diagnosis** (a)Vikruti (current imbalance)   (b) Cracks and organs   (c) Vata imbalanced   (d) Pitta imbalanced   (e) Kapha imbalanced   (f) General imbalances   (g) Immune system and the tongue   (h) Pulse diagnosis     
**9. Ayurvedic diet and nutrition**(a) The six tastes   -Vata               -Kapha      -Pitta               (b) Virya and Vipaka   (c) Effects of the tastes on the Doshic balance   (d) Faulty food combinations  (e)AMA andAGNI     
**10. Ayurvedic Samprapti: the course of disease**(a) The daily cycle   (b) Seasonal Dosha changes   (c) The six stages of disease   (d) Entry of Doshas into Dhatus (from Vasant Lad)   (e) The first three stages of Samprapti and Dosha Gunas    (f) Herings Law of Cure     
**11. Balancing techniques**(a) Lifestyle recommendations “Rasayana”   (b) Detoxification: Ayurvedic detoxing     
(c) Ayurvedic Panchakarma   (d)Assessment methods   (e) Ayurvedic interpretation (f) Yoga balance for the Doshas        
(g) Guidelines for Pitta predominant type   (h) Guidelines for Kapha predominant type   

**Taxonomy and Cultivation of Medicinal Plants**

I Introduction to Medicinally important Plant parts: Fruits, Leaves, Stem and its modifications

(underground and aerial), Roots.

II Plant identification – Elementary knowledge of Binomial nomenclature – Outline of Bentham

and Hooker classification – Herbarium techniques.

III Study of some medicinally important families with reference to systematic position. Diagnostic features and medicinal uses only: Meliaceae, Myrtaceae, Apiaceae, Asclepiadaceae, Solanaceae,

Lamiaceae, Euphorbiaceae, Zingiberaceae, Musaceae and Poaceae.

IV Cultivation methods – Crop protection – Harvesting – Storage and Protection – Marketing and utilization - Export of medicinally important (General aspects).

V Endangered Plants – Conservation: Exsitu and Insitu methods – Importance of Red data book

(IUCN) – Patenting and IPR.

**Iridology**

**Introduction**  
 Slides      
Equipment       
Q1 Self-assessment questions      
  
**History of Iridology**  
Early History      
Recent History      
Modern Iridology       
  
**Anatomy of the Iris**      
Iris development      
Collerette Development      
Anatomy of the Eye       
Activity      
  
**Iris charts & Zones of the Iris**    
Iris Zones       
Activity    

**Pupil size & shape**   
 Activity      
  
**Iris Signs Part 1:**  
Colour in the Iris & Zones 1&2 - Stomach Ring & Intestinal Ring   
Colours in the Iris      
Ring signs       
  
**The Collerette**  
TIndented and Extended Collerette       
Activity       
  
**Iris Signs Part 2:**  
Ring Signs Continued      
Contraction Furrows and Nerve Rings      
Scurf Rim      
Lymphatic rosary       
Circulatory or Venous Ring         
The Anaemia Ring      
Cholesterol ring       
Sodium ring       
Arcus Senilis       
B3 Bulge      
Activity      
  
**Iris signs Part 3:**  
Degrees of Disease in the Iris & Lacunae, Crypts & Defect signs   
Topostabile and Topolabile       
Iris Stroma       
Inherent Weakness or Open Lesions        
Lacuna      
Crypts      
Defect Signs       
Activity      
  
**Iris Signs Part 4:**  
Pigment on the Iris, Radii, Transversals,  
Spleen sign & Hypothalamus sign        
White Wisps and Plaques      
Pigment on the Iris, Central Heterochromia       
Pigment Spots       
Psoric Spots       
Central Heterochromia      
Radii         
Transversals and Vascularisation      
Spleen Sign      
Hypothalamus Sign      
Activity      
  
**Constitutions Part 1:**  
The American & Australian School Constitutions       
American School       
Australian School       
Activity      
  
**Constitutions Part 2:**  
The German School       
Constitution, Disposition and Diathesis       
The Lymphatic Constitution       
Haematogenic Constitution       
Mixed biliary       
Activity      
  
**Constitutions Part 3:**  
Structural Sub Types (Disposition)       
Neurogenic       
Neuro-Lymphatic       
Anxiety Tetanic       
Glandular Constitution       
Weak Connective Tissue: Mesenchymal Pathological Constitution   
Cardio abdominal syndrome       
Activity      
  
**Constitutions Part 4: Diathesis sub types**  
Lipaemic      
Hydrogenoid       
Pancreatic Constitution        
Hyper-acidic or Uric Acid Constitution       
Kidney Lymphatic Constitution       
Dyscratic Constitution     
Miasmic Constitution  
Activity

**Emotional/Behavioural Iridology**  
Primary Type: Analytical or Thinking type: Psora or pigment spots   
Primary Type: Emotional type      
Secondary Type: Empathetic type       
Secondary Type: Driver/Motivator      
The Four Behavioural Types      
Behavioural Iridology Iris Signs      
Activity      
  
**Modern Iridology & latest research**The dominant iris  
Inner Pupillary Border     
Hypothalamus sign     
Time risk

**Logic and Creative Thinking**

This course is designed to develop student’s skill in critical thinking and argumentation. This is because every human being thinks critically before taking some critical decisions in life. The course will enable students to think about most significant issues towards becoming a competent health care service provider, evaluates what it will cost them during the process of their training, etc. At the completion of this course, students should be able to identify and evaluate reasonable academic and professional arguments. Students will be able to recognize arguments and distinguish them from rhetoric, explanations, descriptions, etc. and use various tools provided to determine the merit of any particular argument, and use the various tools and skills to construct their arguments, claims or views to form a position, formal proof, truth table; Laws of thought, methods of deduction using rules of inference and bi-conditional, introduction to qualification theory. These are skills that are required for an effective practice. Students will be given home work, class assignments, reading and many times, a professional argumentative session which may be in form of quizzes and debates. The class must also be very participatory for all students and teacher.

**Use of English**

Information collection and usage. Collection and organization of materials. Logical presentation of papers. Use of Library, reference sources, techniques of fast reading and writing. Continuous writing, Oral communication, public speaking and phonetic. The course introduce the students to the basic concepts of communication in English Language since this is the language of communication to be used throughout the course of study of the students and perhaps in the course of doing business within the Nigerian Business Environment.

**Homotoxicology**

**The Science behind Homeopathy**  
Minimum Dose  
Law of similars   
Dynamization of the Substance

**Toxins**  
Unnatural chemical toxins  
Sources of Toxins (Exogenous and Endogenous)  
Emotional and Energetic Toxins  
Toxins and the Importance of Liver Detoxification and Eliminations

**The Basics of Homotoxicology**  
1. The Extra Cellular Matrix or Ground Substance of Alfred Pischinger  
2. Regulatory Systems and Feedback Systems  
3. Bioregulatory Medicine   
4. Three Pillars of Homotoxicology   
5. Greater Defence System   
6. Acidosis   
7. By-stander reaction   
8. The 6 Phase Table (or Disease Evolution Table )   
9. Scientific laws

**Extra Cellular Matrix and Ground Regulation System of Pischinger**  
Components of the Matrix  
Functions of the Extra Cellular Matrix  
Regulatory Responses of the Matrix  
Deposition of Toxins in the ECM   
Inflammation

**Bioregulatory Medicine: Regulatory Systems & Feedback Systems**

**Three Pillars of Homotoxicology**  
Drainage and Detoxification  
Cell and organ support  
Immunomodulation

**Greater defence system**  
1. The Reticuloendothelial system  
2. The HPA axis   
3. The Neural Reflex System   
4. Detoxification by the Liver  
5. Detoxification of the Matrix  
6. The Mucous Membranes

**Acidosis**

**Immune By-Stander Reaction Theory**

**The 6 Phase Table or Disease Evolution Table**  
Phase 1- excretion phase (humoral phase)  
Phase 2- reaction/inflammation phase (humoral phase)   
Phase 3- deposition phase (matrix phase)   
Phase 4- impregnation phase (matrix phase)   
Phase 5- degeneration phase (cellular phase)   
Phase 6- dedifferentiation/neoplasm phase (cellular phase)

**Using Simple Homotoxicology Remedies in Practice**  
Preparations used in Homotoxicology  
Remedies  
Traumeel  
Lymphomyosot   
Nux Vomica Homaccord   
Berberis Homaccord   
“The Detox kit”   
Engystol   
Nervoheel   
Neurexan

**Human Sciences**

1. Structure and functions of the cells and their components.

2. Structure and functions of tissues: epithelium, connective, membranes.

3. Structure and functions of biomolecules: carbohydrates, lipids, proteins, co-factors, enzymes.

4. The metabolism of carbohydrates, lipids and proteins including control and integration.

5. Structure and functions of the musculoskeletal system: bones, joints, muscles, ligaments.

6. Structure and functions of the nervous system: central and peripheral systems, autonomic nervous system, sense organs.

7. Structure and functions of the endocrine system: hypothalamus and the pituitary gland, thyroid gland and adrenal glands, feedback control.

8. Structure and functions of lymphatic system: the lymphoid tissues and lymphatic circulation, natural (innate) resistance to disease, immunity.

9. Structure and functions of the cardiovascular system and in addition components of blood and blood clotting.

10. Structure and functions of the respiratory system.

11. Structure and functions of the digestive system.

12. Structure and functions of the genito-urinary system and in addition prenatal and postnatal growth and development.

**HERBS AND DRUG ACTION**

1: Terminologies – Definitions – Classification of medicinal plants based on their effects – Ecological status with special reference to India.

2: Allergens – types – sources – active principles – Chemical nature – Cell modifiers – Lectins – mutagens, teratogens – Allergic reactions with known examples.

3: Drugs acting on brain and nervous system – Rheumatic arthritis – Psychoactive drugs – Depressants, Stimulants, hallucinogens – sources, effects, basic mechanism of action.

4: Cardiovascular diseases – blood pressure – cardiac drugs of plant origins – alkaloids, anticoagulants – basic mechanism of action. Pulmonary / respiratory disorders – asthma – bronchitis – common cold – allergy – Remedy from plants.

5: Drugs for urinogenital disorders – roots of Withania somnifera – Memory stimulants – Centella asiatica – Drugs for dissolving kidney stones – Musa paradisica (pseudostem) – Antiinflammatory drugs – Cardiospermum – Anticancer drugs – Catharanthus roseus.

**Practical:**

- Poisonus plants – Toxic protein from Abrus

Aconitin – from roots of Aconitum

Strychnine – from seeds of strychnos

Nicotin – from leaves of Nicotiana

Alkaloids – from members of solanaceae

- Asthma – Allergy – Pollen & allergy

- Role of lectins

- Anticancer drug from Catharanthus roseus

- Depressants – opium (Papaver somniferum)

- Stimulants – Strychnos nux – vomica, Coffea arabica

- Blood pressure – Digitalis purpurea; Ephedra; Atropa belladonna; Claviceps purpurea

- Diuretic properties

**Pharmacognosy & Dispensing**

**Quality Assurance** - source and growing environment, harvesting, processing, storage and packaging of herbs. Possible sources of contamination, including aflatoxins, heavy metals and pesticides. Batch numbers and records.

**Quality Control** - macroscopic identification, microscopic examination, chromatography (TLC, GC, HPLC), spectroscopy, water or ethanol soluble contents, presence of foreign matter and microbial contamination, DNA analysis, volatile oil determination, water content, ash value etc., as methods for differentiating good quality herbs from poor or substitute herbs and for identifying adulterants. Quality control and standardisation. Botanical terms used to describe herbs. Identifying characteristics of commonly used herbs, common fakes and substitutes.

**Dispensary skills** – accurate identification of herbs, dispensing (accurate weighing and measuring, containers etc.), labelling of stock and dispensed items (legal requirements, clarity, additional written and verbal advice, patient identification), posology (dosage, contraindications, record keeping, adverse reactions and incompatibilities between herbs), quality control in the dispensary, storage in the dispensary (shelf life, expiry dates, stock rotation, storage conditions, appropriate containers), processing in the dispensary, confidentiality and communication skills for dispensary staff, hygiene, ordering and stocktaking, information and updating on herb regulations.

**The law and herbal medicine** - relevant Nigeria legislation; labelling; adverse event reporting systems; restricted substances; endangered species and CITES; etc.

**Health and safety** - the practice premises.

**Forms of administration of herbal and traditional medicine** - internal (decoctions, infusions, powders, tinctures, capsules, tablets, etc.) and external (creams, ointments, lotions, liniments, poultices etc.). Choosing between different forms of administration

**Oral Health**

1. **Teeth, Meridian charts & Dental Foci**

Teeth and Meridians

Dental foci

Sinus infections

**2. Tooth Anatomy**

Structure

The importance of saliva

3. Oxidative Stress

Self-assessment questions

4. Dental Pathology

Tooth decay

Gum Disease: Gingivitis, Periodontal Disease and Chronic Apical Periodontitis

Cavitations

NICO: Neuralgia Inducing Cavitational Osteonecrosis

5. Effects of Modern Dentistry on Health:

Dental Procedures Part 1

Extractions

Fillings

Dental Galvanism

Bridges

6. Effects of Modern Dentistry on Health:

Dental Procedures Part 2

Root Canal Fillings

The Use of Nickel in Dentistry

Dental appointment timings

7. Mercury & Mercury Amalgam Fillings

Amalgam research

Laboratory Testing

Amalgam removal

Mercury detox protocol

8. Dental health

Fluoride

Oral Hygiene Treatments

Diet

**Hydrotherapy**

**Theory of Hydrotherapy Part 1**

Latent Heat

The Use of Hot and Cold in Hydrotherapy

**Theory of Hydrotherapy Part 2**

Importance of Circulation

Buoyancy

Reflex Areas and Dermatomes

Hydrotherapeutic Manipulations

Fever

**Practice of Hydrotherapy**

Tonic and Stimulant Effect

Depressant and Sedative Effect

Techniques

**Balneotherapy (Baths)**

Hot Foot Baths

Cold Foot Baths

Hot and Cold Footbaths

Graduated Foot Baths

Arm Baths (Warm and Cold)

Hot and Cold Contrast Baths

Warm/Neutral baths

Cold Baths

Graduated Baths

Alternating Leg and Arm Baths

Sitz Baths

Washings

**Internal Therapy**

Inhalations

Enemas

Equipment

Water Enemas

Other types of enema

**Conditions & Suggested Techniques**

Varicose veins and Haemorrhoids

Hypertension

Hypotension

Angina

Thrush

Tachycardia

Congestive Cold

Pelvic problems

Cystitis

Immune Function

Insomnia

Poor circulation

Headaches

Anxiety and Depression

Chronic Fatigue Syndrome

Irritable Bowel Syndrome and Poor Digestion

Weak Immune Responses

Adrenal and Thyroid Support

**Practitioner Development & Ethics**

1. Individual and cultural prejudices, personal areas of strength and weakness, health beliefs, the ability to give and receive feedback, the ability to self-assess.

2. The patient/practitioner relationship - communication skills to include models of conscious and unconscious communication, building empathy, transference and countertransference, setting boundaries, proper professional conduct, beginning and endings in a therapeutic relationship, dealing with sensitive issues such as bereavement and loss. Consent (including minors) - justification for treatment and the patient's right to refuse, assault, issues of power and control.

3. Confidentiality - confidentiality and the law, Data-protection act, situations in which patient information may be disclosed, sources of legal help and advice; confidentiality within the practice, other staff, making and storing case notes, patient access to their own notes

4. Referrals - patient care when the practitioner is absent.

5. Relationships between practitioners: communication, courtesy, professional and ethical conduct; disputes and complaints procedure; transfer and referral of patients, case histories and patient notes.

6. Supervision, mentoring and personal support for the practitioner; continuing professional education; boundaries of the therapeutic space; safeguarding the legitimate needs of the practitioner.

7. Professional misconduct: complaints, disciplinary procedure, advice and guidance, insurance.

8. Prescribed conduct regarding: abortion, venereal disease, notifiable diseases, consent and supervision of minors and vulnerable adults, procedures for the intimate examination of a patient of the opposite sex, notification of adverse events.

9. Small Business and practice management to include producing a Business Plan, advertising standards: methods and wording, creating expectation and making claims; the use of titles "doctor, nurse and medical practitioner". Providing an appropriate environment to practise. Fees, charges and prescription costs - fairness, clarity and communication. Taxation, insurance and Health & Safety issues

**Chinese Herbal Medicine**

SECTION A: Theories, methods, diagnosis, treatment

Part I General Background

Part II Physiology

Part III Aetiology

Part IV Pathology: Patterns of Disharmony

Part V Methods of Examination

Part VI Principles and Methods of Treatment

Part VII Differentiation and Treatment of Common Diseases

**SECTION A: THEORIES, METHODS, DIAGNOSIS, TREATMENT**

**PART I: General Background**

1. **History and Fundamental Characteristics of Chinese Medicine**
   1. Stages of development and literary landmarks; the importance of a historical understanding of Chinese medicine and the relationship between TCM and Western medicine in modern China
   2. Holism: seeing patterns of disharmony
   3. Medicine East and West: key contrasts
2. **The Philosophical Setting**
   1. Yin-Yang Theory
      1. The concept of Yin-Yang and the basic aspects of the Yin-Yang relationship: Yin and Yang are divisible but inseparable (*yin yang ke fen er bu ke li*), rooted in each other (*yin yang hu gen*), mutually counterbalancing (*yin yang zhi yue*).
      2. The medical applications of Yin-Yang.
   2. Five Phase or Five Elements (*Wu Xing*) Theory
      1. The concept of the Five Phases/Elements; the Five Phase relationships of engendering (*sheng*)1, restraining (*ke*)2 , rebellion (*wu*)3 and overwhelming (*cheng*)4.
      2. The medical applications of the Five Phase concept.

**PART II: Physiology**

1. **The Fundamental Substances**
   1. Qi: Qi as a central concept in Chinese philosophy and medicine; the sources of

Qi; the functions of Qi; the forms of Qi : Organ (z*ang fu*), Channel (*jing*), Nutritive y*ing*)5, Protective (*wei*), Gathering (*zong*)6

* 1. Blood (*xue*): sources and functions; relationship to Qi and to the Zang Fu
  2. Essence ( *jing*): characteristics and functions
  3. Spirit (*shen*)7: characteristics and manifestations
  4. Body Fluids (*jin ye*): comprising thinner fluids (*jin*) and thicker fluids (*ye*); characteristics and functions

1. **The Internal Organs (*zang fu*)**
   1. Differences between the *Zang Fu* in Chinese Medicine and the anatomical organs of Western medicine
   2. The Five Yin Organs (*wu zang*): the functions of the Heart (*xin*)/ Pericardium (*xin bao*); the Liver (*gan*); the Spleen (*pi*); the Lungs (*fei*); the Kidneys (*shen*); therelationships between the Zang
   3. The Six Yang Organs (*liu fu*): the functions of the Gall Bladder (*dan*); Stomach (*wei*); Small Intestine (*xiao chang*); Large Intestine (*da chang*); Bladder (*pang guang*); Triple Burner (*san jiao*); their relationships with the Zang.
   4. The Extraordinary Organs (*qi heng zhi fu*)8: the functions of the Brain (*nao*); Marrow (*sui*); Bone (*gu*); Vessels (*mai*); Uterus (*zi gong*); Gall Bladder (*dan*)
2. **The Channels (*jing*)9 and Network Vessels (*luo mai*)10**
   1. The functions of the channels; the distinction between channels (*jing*) and network vessels (*luo mai*)
   2. The channel system: the twelve regular channels (s*hi er jing mai*); the eight extraordinary channels (*qi jing ba mai*); the channel divergences (*jing bie*); the channel sinews (*jing jin*); the cutaneous regions (*pi bu)*; the relationship between the channels and the *Zang Fu*

**PART III: Aetiology**

1. **External: The Six Pathogenic Factors (*liu xie*)11** : Wind (*feng*), Cold (*han*), Heat (*re*) or Fire (*huo*), Dampness (*shi*), Dryness (*zao*), (Summer-) Heat (*shu*); the relationship between the Normal or Upright (*zheng*) Qi and Pathogenic or Evil (*xie*) Qi
2. **Internal: The Seven Emotions (*qi qing*)12**: Joy (*xi*), Anger (*nu*), Worry (*you*)13, Pensiveness (*si*)14, Sadness (*bei*)15, Fear (*kong*), Fright (*jing*)
3. **Not External, not Internal (*bu nei wai yin*)**:
   1. diet
   2. imbalances of work and rest
   3. sexual excesses
4. **Miscellaneous factors**: including trauma, burns, bites, parasite

**PART IV** **Pathology: Patterns of Disharmony**

**Identifying patterns (*bian zheng*) according to:**

1. **The Eight Principles (*ba gang*)**: patterns of the Interior (*li*) and Exterior (*biao*); Cold (*han*) and Heat (*re*); Deficiency (*xu*)16and Excess (*shi*)17; Yin and Yang.
2. **Qi, Blood, Body Fluids**:
   1. Qi: Qi Deficiency (*qi xu*), Qi Sinking (*qi xian*)18, Qi Stagnation (*qi yu*)19, Qi Counterflow (*qi ni*)20
   2. Blood (*xue*): Blood-Deficiency (*xue xu*), Blood Stasis (*xue yu*), Blood Heat (*xue re*)
   3. Body Fluids (*jin ye*): oedema (*shui zhong*)21; distinction between Thin Mucus (*yin*)22 and Phlegm (*tan*); Phlegm Patterns (*tan zheng*) including Phlegm-Heat (*tan re*), Damp-Phlegm (*shi tan*), Cold-Phlegm (*han tan*), Wind-Phlegm (*feng tan*), Qi-Phlegm (*qi tan*).
3. **Pathogenic Factors** :
   1. Wind Patterns (*feng zheng*): Wind-Cold (*feng han*), Wind-Heat (*feng re*), Wind-Dampness (*feng shi*)
   2. Damp Patterns (*shi zheng*): Cold-Dampness (*han shi*), Damp-Heat (*shi re*)
   3. Cold Patterns (*han zheng*): Excess Cold (*shi han*), Deficiency Cold (*xu han*)
   4. Heat/Fire Patterns (*re-/huo zheng*): Excess Heat (*shi re*), Deficiency Heat (*xu re*)
   5. Summerheat Patterns (*shu zheng*)
   6. Dryness Patterns (*zao zheng*)
4. **The Internal Organs**:

Patterns of the Heart/Pericardium, Lung, Liver, Spleen, Kidney; Patterns of the Stomach, Small Intestine, Large Intestine, Gall Bladder, Bladder, Triple Burner.

1. **The Six Stages** (*liu-jing*): in accordance with the theory of Injury by Cold:

Greater Yang (*tai yang*), Yang Brightness (*yang ming*), Lesser Yang (*shao yang*), Greater Yin (*tai yin*), Lesser Yin (*shao yin*), Absolute Yin (*jue yin*)23

1. **The Four Levels**: in accordance with the theory of Warm Diseases:

Defense aspect (*wei fen*), Qi aspect (*qi fen*), Nutritive aspect (*ying fen*), Blood aspect (*xue fen*)

**PART V Methods of Examination**

1. **Looking**
   1. The *Shen* (including facial expression, look and shine of the eyes, clarity of thought)
   2. Physical shape and movement
   3. Facial colour
   4. Tongue
   5. Other external manifestations: eyes, nose, ears, mouth/lips/teeth/gums, throat, limbs (including index finger in infants), skin
2. **Listening & Smelling**
   1. Sound of the voice; breathing; cough
   2. Body odours (including stools, urine and other discharges)
3. **Asking**
   1. Sensations of cold and hot
   2. Sweating
   3. Headaches and dizziness
   4. Pain/aching/numbness: in whole body, joints, back, limbs
   5. Chest and abdomen: including epigastric and lower abdominal fullness and pain, oppression of the chest, palpitations, shortness of breath, hypochondriac pain
   6. Stools and urine
   7. Thirst, appetite and diet, tastes in the mouth, nausea/vomiting
   8. Ears and eyes: including tinnitus, hearing loss; pain or pressure in the eyes, blurred vision, floaters
   9. Sleep
   10. Vitality
   11. Mental-emotional state
   12. Gynaecological: cycle, periods, discharges
   13. Paediatric: including special events during pregnancy, traumas at birth, breast-feeding and weaning, vaccinations
   14. Medical history
   15. Medication
4. **Touching**
5. The **pulse**: method of palpation; levels of pressure; pulse-positions; pulse qualities

including: Floating (*fu*), Sinking or Deep (*chen*), Slow (*chi*), Rapid (*shuo*), Empty (*xu*), Full (*shi*), Thin or Thready (*xi*), Wiry or Stringlike (*xian*), Slippery (*hua*), Tight (*jin*), Flooding (*hong*), Soggy (*ru*) or Soft (*ruan*), Choppy (*se*), Knotted (*jie*), Interrupted (dai), and Hurried (*cu*); integration of positions and qualities.

1. **Palpating** the skin, the hands and feet, the epigastrium and abdomen

**PART VI Principles and Methods of Treatment**

1. **Principles of Treatment (*zhi ze*)**
   1. Treating in accordance with the season, the locality, and the individual.
   2. Supporting the Upright (*zheng*)24 Qi and expelling the Evil (*xie*) Qi.
   3. Treating the manifestation (*biao*)25 and the root (*ben*).
   4. Straightforward treatment (*zheng-zhi*) and paradoxical treatment (*fan-zhi*).
2. **Methods of Treatment (*zhi fa*)**: the Eight Methods (*ba fa*)26: Sweating (*han*), vomiting (*tu*), Draining Downward (*xia*), Harmonising (*he*), Warming (*wen*), Clearing (*qing*), Reducing (*xiao*), Tonifying (*bu*); applications, variations, contraindications.

**PART VII Differentiation and Treatment of Common Diseases**

The differentiation of diseases adopted here is based mainly on categories used in the Chinese medicine tradition. In all cases where these are employed, the Pinyin version is added in order to remove any uncertainty about which Chinese term is being translated.

The Chinese medicine categories are generally distinct from modern biomedical concepts. At the same time, an understanding of those concepts and how they relate to the categories of Chinese medicine is an essential element in professional entry training in Chinese herbal medicine. They are brought together here in two ways:

1. by listing a number of biomedical disease categories in brackets after the Chinese medicine category. Because of the lack of direct correspondence, this procedure is bound to be more or less artificial. For example, irritable bowel syndrome is placed in brackets after 'abdominal pain'. IBS is not of course characterised simply by abdominal pain, but also by abnormality in the bowel pattern. The point of the reference is only to indicate the context in which it might be appropriate to study IBS. Some Chinese medicine disease categories (for example 'cough', 'epigastric pain', 'painful obstruction') are very broad. They incorporate many Chinese medicine differentiations, and may be associated with a range of biomedical disease concepts.
2. by adopting modern terms in most cases as the headings for broad sub-categories of disease.

Two important further points should be made. First, the purpose in drawing up this list is not to suggest that there is only one appropriate way of categorising diseases, but to indicate the range of common diseases that educational institutions are expected to cover. The outline here provides one possible structure, but we recognise that this is provisional in nature and that it will be subject to future refinement in the light of continuing debate about the development of Oriental medicine in the West.

Second, it is understood that in the case of some of the disorders listed (eg diabetes, epilepsy, HIV) Chinese herbal medicine may not be regarded as a first line treatment but as a supportive one.**INTERNAL MEDICINE (*nei ke*)**

**Respiratory**

Common cold (*gan mao*) Cough (*ke sou*)

Wheezing (*xiao*) and dyspnoea *(chuan)* (including asthma , bronchitis, emphysema) Pulmonary consumption (*fei lao*)

**Gastro-Intestinal**

Epigastric pain (*wei tong*) (including gastritis, gastric and duodenal ulcer) Vomiting (*ou tou*)

Stomach reflux (*fan wei*) Constipation (*bian bi*)Abdominal pain of digestive origin (*fu tong*) (including Irritable Bowel Syndrome) Diarrhoea (*xie xie*) (including Crohn's and ulcerative colitis)

Haemorrhoids (*zhi chuang*) Hiccough (*e ni*)

Oesophageal constriction (*ye ge*)

**Liver and Gall Bladder**

Jaundice (*huang dan*)

Lateral costal pain (*xie tong*) (including gall stones and cholecystitis) Hepatitis B & C

**Neurological**

Headache (*tou tong*)

Dizziness and vertigo (*xuan yun*)

Wind Stroke (*zhong feng*) (including CVA, Bell's Palsy) Facial pain (*mian tong*)

Epilepsy (*xian*)

Multiple sclerosis

**Cardiovascular**

Chest pain (*xiong tong*) and chest painful obstruction (*xiong bi*) (including angina) Coronary heart disease

Arrhythmia

Hypertension Varicose veins

**Urinary and Genital**

Painful Urination patterns (*lin zheng*) Urinary blockage (*long bi*) Impotence (*yang wei*) Male infertility

**Musculo-skeletal and rheumatological**

Low back pain (*yao tong*)

Painful obstruction patterns (*bi zheng)* (including osteoathritis and rheumatoid arthritis) Atrophy Syndrome (*wei*) (including myasthenia gravis)

Trauma

**Ear, Nose and Throat**

Tinnitus and deafness (*er ming er long*)

Purulent ear (*ting er*) (including otitis media)

Nasal congestion (*bi yuan*) (including sinusitis, rhinitis) Nosebleed (*bi niu*)

Sore swollen throat (*yan hou zhong tong*) (including tonsillitis, pharyngitis) Loss of voice (*shi yin*)

**Eye Disorders**

Sore, red and swollen eyes (*mu chi zhong tong*)

Stye (*zhen yan*)

Tearing patterns (*liu lei zheng*)

**Fluid and Blood Disorders**

Water swelling (*shui zhong*) (including oedema of various aetiologies) Sweating (*han*)

Phlegm (*tan*) disorders (the role of Phlegm in a broad range of diseases)

Blood stasis (*yu xue*) (the role of Blood stasis in a broad range of diseases)

**Mental and Emotional**

Insomnia (*bu mei*)

Palpitation (*xin ji*) (including anxiety states) Depression patterns (*yu zheng*)

Mania and withdrawal (*dian kuang*)

**Oncology**

Basic theory

Supportive treatments

**Metabolic disorders**

Diabetes

Thyroid disease

**Immune deficiency and auto-immune disorders**

Chronic Fatigue Syndrome Lupus erythematosus

HIV and AIDS

**GYNAECOLOGY (*fu ke ji bing*)**

Menstrual irregularity (*yu jing bu tiao*) Uterine bleeding (*beng lou*)

Amenorrhoea (*bi jing*)

Dysmenorrhoea (*tong jing*) Leukorrhoea (*dai xia*)

Pre- and post-menopausal patterns (*jing jue qian hou zhu zheng*) Infertility (*bu yun*)

Abdominal masses (*zheng jia*)

Uterine prolapse (*zi gong tuo chi*) Premenstrual syndrome

Endometriosis

Pelvic inflammatory disease Polycystic ovaries

**Obstetrics**

Precautions in using herbs during pregnancy Morning sickness (*ren chen e zhu*)

Threatened miscarriage (*xian zhao liu chan*) Difficult delivery (*nan chan*)

Insufficient lactation (*ru shao*) Postnatal depression

**PAEDIATRICS (*xiao er za bing*)**

Infantile diarrhoea (*xiao er xie xie*)

Infantile convulsions (*xiao er jing feng*)

Enuresis (*yi niao*)

Mumps (*zha sai*)

Measles (*ma zhen*)

Respiratory infections Catarrh

Ear infections

Abdominal pain

**DERMATOLOGY (*pi fu ke*)**

Eczema Psoriasis

Seborrhoeic

dermatitis   
Acne vulgaris

Herpes zoster Herpes simplex Rosacea

Urticara Alopeca

Discoid Lupus

**Herbal Pharmacy**

A. A brief review of the history of pharmaceutical science; reference books available; an appraisal of literature available and how to access; discussion of the role of pharmacy in herbal medicine, and of pharmaceutical knowledge in the formulation of herbal medicines.

B. Basic skills; reliability, accuracy and safety of dispensing; use of equipment.

C. Weighing, measuring liquids, units etc; containers and labelling; reference books.

D. Herbal medicine formulation and production; the science of formulation; production of tinctures, glycerol extracts, fluid extracts, aqueous extracts.

E. Tisanes, maceration etc; basic equipment needed in the dispensary; visit to a herbal manufacturing plant and herb importer.

F. Dispensing of internal and external products: explanation of emulsions and emulsifying agents; production and uses of creams, ointments, lotions and suspensions; tablet and capsule preparation, mixtures, linctuses, syrups, lozenges, suspensions; miscellaneous products.

G. Internal and external; inhalations, gargles/mouth washes, insufflations, liniments, suppositories/pessaries, irrigation/douches, plasters, poultices;distillation of essential oils- aseptic techniques, preservation, stability and sterilisation of medicines; production of eye drops and lotions, nasal drops, ear drops; cautions to be exercised with these products; quality control in herbal practice: within the dispensary and accessing laboratory services.

H. Regulations in the ECOWAS member states concerning the dispensing of medicines, particularly herbal preparations.

**Materia Medica**

1. Materia medica

Materia medica is the core subject in medical herbalism along with therapeutics. This subject examines individual plant remedies and discusses the botanical, pharmacognostic, pharmacological and therapeutic aspects of each remedy, along with its indications in treatment, contraindications and incompatibilities, and posology, including dosage indications for elderly patients and children. The plants are discussed from a traditional therapeutic aspect, and modern scientific research and clinical experience are used to supplement and extend the understanding of

2. Botany

Botany is an important tool for the medical herbalist. The aim of this subject is to develop the students' skills in the use of botanical reference material, and in the field identification of plants. These skills are developed from teaching in plant taxonomy and morphology, and also the role played by taste, smell and touch in identifying plants. The course also includes an introduction to plant physiology.

3. Environmental & Conservation

Discussion of issues surrounding the conservation and sustainability of medicinal plants. Discussion of the relative merits of global versus local herbalism.

SEMINAR

Identify various issues and trends in community health care/practices. Seminar sessions, discussions, and presentations centred on knowledge of the relevant biological, social and psychological concepts and theories.

**Naturopathy**

**1. Introduction**

**2. History of Naturopathy**(a)Early history (b) Early Pioneers and Influencers of Naturopathy (c) Different schools of thought (d) The rise and fall of naturopathy

(e) Research project

**3. Naturopathy today** (a) The Therapeutic Order

**4. Naturopathic Philosophy: Part 1** (a) Mechanism (Reductionism)

(b) The Vitalistic Approach

**5. Naturopathic Philosophy Part 2: The Disease Process**(a)The Cause of Disease  
(b) The Microzyme theory of Antoine Bechamp (c) A Healthy Terrain

**6. Naturopathic Philosophy: Part 3: Movement of Disease**Ayurveda  
(a) Five Element Theory (TCM) (b) Greek/Unani Medicine (c) Tibetan Medicine  
(d) Homeopathy &Hering’s Law of Cure (e) Homotoxicology and Disease Evolution (f) Naturopathy and Detoxification

**7. Naturopathic Nutrition Theory** Learning objectives: (a) Stress   
(b) Electrolyte balance (c) Acute and Chronic Eliminations

**8. Naturopathic case taking**

**9. Naturopathic Techniques** Learning objectives:

(a) Linseed Tea (also known as flaxseed tea) (b) Skin brushing (c) Hot and cold showers   
(d) Hot tubbing  (e) Epsom salt bath  (f) Castor Oil packs (g) Enemas

(h) Water enemas (i) Aloe Vera enema (j) Chamomile enema (k) Magnesium enema   
(l) Flaxseed tea enema (m) Coffee enema (n) Liver and Gall Bladder flush

(o) Infra-red saunas  (p) Healing Crisis

**10. Functional Medicine and Conclusion**  
Functional Medicine

**Tibetan & Unani Medicine**

**Part A: Tibetan Medicine** Learning objectives: (a) Essential Reading

(b) Recommended Reading

**1. Introduction to Tibetan Medicine**(a) The Mind and the Three Mental Poisons  
(b) The Three Humours (Nes-Pas)

**2. Disease & Diagnosis** (a) Bile (b) Phlegm

(c) Humour Imbalance in the Seven Bodily Constituents  (d) Four stages of disease   
(e) Hot and cold diseases  (f) The 404 diseases of Tibetan Medicine (g) Diagnosis

**3. Treatment & Dietetics**  
Faulty Food Combinations  
**4. The Medicine Trees** (a)Health Root: Trunk 1 (b) Disease Root: Trunk 2   
(c) Root of Diagnosis: Trunk 3: 6 leaves (d) Pulse Taking: Trunk 4:3 leaves  
(e) Interrogation: Trunk 5: 29 leaves (f) Root of Therapeutics: Trunk 6:35 leaves  
(g) Behaviour: Trunk 7: 6 leaves (h) Medicines: Trunk 8: 50 leaves  (i) Assignments

**Part B: Unani medicine**  
Essential Reading  
Recommended Reading

**1. Introduction to Unani Medicine**

**2. Unani Medicine Concepts** (a) The Body (b) The Seven Natural Principles  
(c) The Four Elements (d) The Four States of Matter (e) Temperament

(f) Humours

**3. Maintenance of Health** (a) The Six Essential Causes (b) Balance and Imbalance  
(c) Concept of Diseases and their Cure (d) The Disease Process (e) Raw Humours  
(f) Black Bile as a Cause of Disease (g) Stages of Disease (h) Concept of Treatment   
**4. The Four Humours& Psychological Profiles**  
(a) Psychological Aspects of the Four Humours

(b) The Four Temperaments in the 20th Century

**Psychosocial**

**1. Introduction to Part A**  
**2. Psychotherapeutic Models** Learning objectives: (a) The Origins ofPsychotherapeutic Intervention     (b) Psychotherapeutic Intervention Today

(c) Psychodynamic Practice   (d) Humanistic Practice    (e)Transpersonal Practice   (f) Cognitive-Behavioural Practice

**3. The Human Stress-Trauma Response**  Learning objectives:     (a) Stress-Trauma Manifestation  (b) Positive and Negative Stress-Trauma Manifestation (c) The Role of Perception     (d) The Autonomic Nervous System              (e) The Limbic System             (f) The Fight-Flight-Freeze Response

**4.  Theories of the Stress-Trauma Response**Learning objectives:

(a) Polyvagal Theory     (b) Type A-B-C Personality Theory  (c) Jungian Personal Theory             **5. Assessing Stress-Trauma Manifestation**Learning objectives:

(a) Measuring Stress-Trauma Levels (b) Validity of Cognition Scale                       (c)Subjective Units of Distress Scale          (d) Holmes-Rahe Life StressInventory         (e) Depression, Anxiety and Stress Scale     (f) Generalized Anxiety Disorder

(g) Adrenal Fatigue Syndrome                              
**6.  The Therapeutic Process** Learning objectives:     (a) Stress-Trauma Healing Stages   (b) The Practitioner’s Role     (c) The Client’s Role         (d) Client Questioning                              
**7. Psychotherapeutic Treatment Strategies** Learning objectives:

(a) Psychotherapeutic-Counselling Principles            (b) Resolving Projection and Counter-Projection          (c) Resolving Transference and Counter-Transference               (d) Resolving Resistance and Defensive Strategies            (e) Resolving Psychosomatic-Psychogenic Disorders   
**8. Relieving Stress-Trauma Manifestation**    Learning objectives:

(a) Alleviating Stress-Trauma Manifestation    (b) Psychotherapeutic Intervention             (c) Lifestyle Changes     (d) Creative Activity(e) Meditative Practice

(f) Relaxation Practice     (g) Soul-Spirit Healing           (h) Physical Exercise                   (i) Body-Oriented Therapy       (j) Emotive-Healing Therapy      (k) Time-Management     (l) Goal Setting and Attainment

**Part B**  
**1. Introduction to Part B**  
**2. The Stress Response**Learning objectives:       (a) The General Adaptation

(b) Syndrome (Hans Selye)    (c) The Concept of Adaptation Energy   and the

(d) Local Adaptation Syndrome                        
**3. Stress: Part 1**Learning objectives:       (a) PNEI     (b) Stress and the Immune System  (c) Stress and Kidney Function  (d) Stress and Reproduction    (e) Stress and Blood Sugar (f) Stress and Digestion     (g) Stress and Mineral Balance                           
**4. Stress: Part 2**Learning objectives: (a) Stress and Chronic Disease

(b) Stress and Exercise     (c) Insomnia    (d) Depression (e) The Gene Connection                     
**5. Stress: Part 3**Learning objectives: (a) Fellowship Programmes

(b) Perception of Stress                        (c) Challenge and Threat                              
**6. Allostasis & Allostatic Load** Learning objectives: (a) Allostatic Load

**7. Adrenal Fatigue Syndrome Part 1: Identification**Learning objectives:       
(a) Anatomy and Physiology of the Adrenal Glands        (b) Pregnenolone Steal                 (c) Symptoms of Adrenal Fatigue    (d) The Stages of Adrenal Fatigue

(e) Anxiety-Exhaustion-Depression      (f) Simple Clinic Tests for Adrenal Fatigue           (g) Adrenal Stress Laboratory Testing      (h) Additional Stages of Adrenal Fatigue

**8. Adrenal Fatigue Syndrome Part 2: Recovery**Learning objectives:                           (a) Recovery from Adrenal Fatigue     (b) The importance of sleep

(e) Diet for Adrenal Fatigue     (f) Supplements to Support Adrenal Fatigue                      
**9. Stress & Endocrine changes**Learning objectives: (a) Insulin and Hypoglycaemia     (b) SHBG      (c) Estrogen        (d) Thyroid health                                  
**10.  Monitoring & Supporting Stress Levels** Learning objectives:  
(a) DASS Scores and Relevant Supplementation           (b) Fight Flight Freeze Emotions   (c) Five Element and Miasm Connections            (d) Stress Reduction Techniques             (e) Meditation               (f) Yoga                                      
**11. Flower & Tree Formulas & Remedies** Learning objectives:  
(a) Phytobiophysics Flower Formulas (b)Bach Flower Remedies  
(c) Massage, Essential oils, and personality types                      
**12. The Enneagram**Learning objectives: (a) The Enneagram  (b) The Three Centres   (c) Correlations between the Enneagram and Homeopathy              
**13. Jungian personality types, Briggs &Keirsey**(a) Jungian Personality Types             (b) Myers Briggs Personality Types         (c) Dr. David Keirsey’s Four Temperaments

**Homeopathy**

**1. Introduction**  
Glossary of homeopathic terminology

**2. History** (a) Paracelsus (b) Samuel Hahnemann

**3. Homeopathic Philosophy** (a) Herings Law of Cure (b) Will and Understanding

**4. Miasms Theory** (a) Introduction (b) The Power of Three

(c) Qualities attributed to the Miasms (d) Psora (e) Sycosis (f) Syphilis  
(g) Secondary Miasms

**5. Homeopathic Influences** (a) Dr Bach: bowel nosodes and the Bach flowerremedies  
(b) Phytobiophysics flower formulas (c) Schuessler Tissue Salts (d) Conclusion

**Homeopathy Part B: Homeopathy in Practice**

**1. Introduction**

**2. Proving of Homeopathic Remedies**

**3. Formulation of Homeopathic Principles:**

**4. Potentization and Formulation of Remedies**

**5. Homeopathy Simplified** (a) Acute and chronic disease

(b) Self-healing and the vital force (c) Exciting causes (d) Law of similars  
(e) Susceptibility (f) Suppression (g) Pharmacy (h) Minimum dose  
(i) Direction of cure

**6. A Closer look at some common Remedies** (a) Arnica, Calendula and Hypericum  
(b) Three remedies in depth: Sepia, Silica and Staphysagria

**7. Simple Homeopathic Case Taking** (a) Symptom categorisations  
(b) Taking a case: (c) Acute case examples and self-assessment questions

(d) Taking the remedy  (e) Dosage and repetition

(f) What changes can be expected after taking the remedy?   
(g) Is homeopathy safe? Are there side-effects?  (h) Cautionary Guidelines

**8. Practical work: 24 Case studies**   
(a) Cases for self-assessment

**Project Work**

Students are guided in the development, execution and writing of research projects in the approved area of their interest. They are also expected to present a simple seminar before the approval of their chosen topic