



European Herbal & Traditional Medicine Practitioners Association

THE CORE CURRICULUM FOR HERBAL & TRADITIONAL MEDICINE

Producing Safe and Competent Practitioners

Fourth Edition

April 2014

Updated February 2016

Written by the Education Committee of the European Herbal & Traditional Medicine Practitioners Association 2006

Edition Four of the Core Curriculum April 2014 replaces previous versions and contains changes introduced during recent years including a review undertaken by a sub committee of the Education Committee of clinical outcomes and associated minimum clinical hours. Further revisions have been made following a peer review of Ayurveda and Nutrition

This edition includes the revised Western Herbal Medicine tradition specific curriculum and the revision to *Materia Medica* Section (Section B) of the tradition specific modules.

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Introduction

This document contains the common core curriculum of the European Herbal & Traditional Medicine Practitioners Association Education Committee. It is the result of wide consultation between the various traditions to determine the shared components of herbal and traditional medicine practice and the content necessary to provide education and training in those components. This Core Curriculum is applicable to all education/training programmes offering study of herbal and traditional medicine.

In addition, there are separate modules, 8A to 8D, formerly referred to as the 8th Elements, which identify the requirements of each specific traditional form of practice

The Core Curriculum is part of a wider process of accreditation and forms the skeleton around which the delivery of a programme leading to the practice of herbal and traditional medicine should take place. As such it delineates the minimum outcomes that should be achieved by students. In terms of content, institutions are encouraged to go beyond those specified here in the detailed delivery of the programmes they offer.

It is recognised that each institution would wish to retain its own identity and unique emphasis. The Core Curriculum therefore aims at making the requirements specific, while retaining the flexibility for each institution to incorporate the contents into its own curriculum design. The Accreditation Board encourages institutions to develop programmes within the framework of the Core Curriculum and to justify its approach against its requirements. Note however, that in all cases, the majority of programme content must reflect the specific tradition being accredited.

The demanding of minimum programme-content requirements is part of a process of accreditation by which the EHTPA can ensure competent, safe, effective practitioners aware of the breadth and limitations of herbal and traditional medicine practice.

Contents

The Core Curriculum consists of the following nine modules:

| | |
|-----------|---------------------------------------|
| Module 1. | Human Sciences |
| Module 2. | Nutrition |
| Module 3. | Clinical Sciences |
| Module 4. | Plant Chemistry and Pharmacology |
| Module 5. | Pharmacognosy and Dispensing |
| Module 6. | Practitioner Development and Ethics |
| Module 7. | Practitioner Research |
| Module 8. | Tradition specific curriculum content |
| Module 9. | Clinical Practice |

Module 8 identifies tradition specific content which must be included by any given institution into their chosen curriculum. Mandatory curriculum content for each tradition is produced by the appropriate professional body/ies. The tradition specific content for Ayurvedic, Chinese, Tibetan and Western medicine are appended here.

Study Time

The following table gives the minimum number of hours to be incorporated into the programme to be accredited.

| MODULE | HOURS |
|-------------------------------------|--------------|
| Human Sciences | 250 |
| Nutrition | 80 |
| Clinical Sciences | 350 |
| Plant Chemistry and Pharmacology | 80 |
| Pharmacognosy and Dispensing | 100 |
| Practitioner Development and Ethics | 150 |
| Practitioner Research | 150 |
| Clinical Practice | 500 |
| The Specific Herbal Tradition | 1,150 |
| TOTAL | 2,810 |

Within these minimum totals, the relationship between contact hours and home-study hours will depend on the design of the programme and the previous learning and experience of the students. It is for each institution to justify in educational terms the hours allocated within modules and teaching/learning approaches used.

In the case of the clinical-practice module, it is required that 50% or more of the module hours will be spent on clinical work in direct proximity to patients. Remaining clinical hours may consist of case discussions, elaborating diagnoses, researching treatments, writing up cases, and other clinically relevant activities. Note that all clinical practice hours must be undertaken in an approved clinical learning environment, under the direction of the Clinic Supervisor and directly relate to the achievement of the clinical module learning outcomes.

Levels

Each module of the Core Curriculum is assigned a minimum level using a taxonomy of assessment domains. The use of minimum levels allows institutions some flexibility in curriculum design and in the educational nature of their programmes. The levels refer to the National Qualifications Framework of the Quality Assurance Agency.

Assessment

Each institution is required to present an assessment strategy for the programme as a whole, alongside a detailed account of the assessment process for each module.

The EHTPA does not impose any particular assessment techniques but will seek evidence from the institution to ensure that:

Module learning outcomes are assessed;

Assessment techniques reflect the academic level of each module;

A variety of strategies are used: at least one summative clinical assessment towards the end of the programme incorporates the application of theory to clinical practice

Both formative and summative assessment of theory and practice is incorporated at key stages throughout the programme;

Practice is underpinned by relevant theory;

Students failing to progress satisfactorily are identified and remedial help given; Only safe competent practitioners complete the programme;

Clinical progression from novice to competent practitioner can be demonstrated; Assessment is carried out by suitably qualified and experienced assessors

NB A Professional Association may require students to pass a final clinical examination (FCE). Institutions should check an Association's current requirements to ensure its assessment strategy includes an FCE if necessary.

Students are expected to develop the ability to deal confidently with the complexities and contradictions that arise in clinical practice. Students must show awareness of the ethical dilemmas which may occur in their work, and must be able to formulate solutions to these.

Documentation for the assessment of practice should clearly demonstrate that clinical skills are performed consistently and with confidence. Criteria for success and failure should be made explicit. Towards the end of their supervised clinical practice students must be assessed and able to demonstrate that they are ready to practise herbal medicine independently.

Important note: External Examiners are **required** to comment upon both academic and clinical outcomes and standards achieved.

Module 1: Human Sciences
Minimum Hours: 250

Aims

To provide an integrated programme in those aspects of normal anatomy, physiology and biochemistry that are essential for understanding the causes, mechanisms, clinical features and diagnosis of disease as understood by biomedicine.

To provide a foundation for the core syllabus for clinical sciences.

Minimum Level : 4 (HE certificate)

Learning Outcomes

By the end of the programme, the student will be able to:

1. Explain the fundamental biochemical and physical terms related to the human body.
2. Describe the components of normal cells and their functions.
3. Explain the cellular basis of genetics and the patterns of inheritance.
4. Describe the structure and functions of the tissues of the body.
5. Demonstrate knowledge of the underlying concepts of the essential metabolic processes in the body, their integration and control.
6. Explain the structure and function of the physiological systems of the body.

Outline of Syllabus Contents

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.

Indicative Reading

Edwin R. Chilvers, et al, 2002. Davidson's Principles and Practice of Medicine 19th edition. Churchill Livingstone.

Maribe, Elaine, editor, 2005. Essentials of Human Anatomy and Physiology, + CD. Addison-Wesley.

Moore Dalley, 2005. Clinically Oriented Medicine. Lippincott, Williams, Wilkey.

Richarson, Haynes, Straus, Glazniou, 2005. Evidence Based Medicine. London: Churchill Livingstone.

Tortora, Gerard J. et al., 2006. Principles of Anatomy and Physiology, 11th edition, + CD Rom. John Wiley and Sons.

Module 2: Diet and Nutrition (Revised April 2012)

Minimum Hours: 80

Minimum Level: 4 (Certificate of Higher Education)

AIMS

[Note: the number(s) in parentheses refer to the Learning Outcome(s) related to each aim.]

To provide an introduction to the use of food and eating patterns to promote health and prevent disease both from a Western public health and medical context and from the perspective of the discipline being studied. (1, 3, 4, 5)

To develop awareness of the possible interactions between foods, herbal supplements and drugs, the resulting limitations of use and the importance of safe practice within the discipline being studied. (2)

To prepare practitioners of Herbal & Traditional Medicine to advise on diet and health related nutrition within the limits of their competence and to recognise the need for referral for specialist dietary and/or nutritional advice. (1, 2, 3, 4, 5, 6)

Learning Outcomes

At the end of the module the student should be able to:

Identify the need for, and functions of a range of key macronutrients and micronutrients and the metabolic processes involved.

Recognise the possible interactions between foods, additives, herbal supplements and drugs, and the dietary and nutritional effects of interactions.

Recognise the terminology used in Western dietetics and nutrition in the context of the similarities and differences between dietary approaches and assessment/diagnostic methods.

Discuss the health problems linked to inappropriate intake of key nutrients in individuals and populations of the Western world.

Describe dietary and nutritional needs at different stages of individuals' growth and development.

Provide appropriate and safe dietary and lifestyle advice to individuals within the context of practice as a (.....discipline....) practitioner.

Syllabus

[Note: the numbers in parentheses refer to the Learning Outcome(s) related to each part of the syllabus.]

Essential macro and micronutrients to include carbohydrates, lipids, proteins, minerals and vitamins. (1)

Introduction to metabolism, catabolism and anabolism. (1)

Relationships between physiological systems and nutrition. (2)

The effects of drugs, alcohol, smoking and food additives. (2)

Current terms used in Western dietetics and nutrition. (3)

Dietary assessment methodologies. (3)

Effect of activity levels, age, environment and gender on diet and nutrition. (4)

Stages of growth and development. (5)

Effects of macro and micronutrients on health and disease. (5)

Patients' lifestyle choices and approaches to the management of choice. (5)

Safety issues and consequences of advice. (5)

The role of dietitians, nutritional therapists and other health professionals. (6)

Indicative Reading

[Note: these texts and websites illustrate the threshold level of the module.]

Texts

Balch P, Balch J. Prescription for Nutritional Healing: A Practical A-to-Z Reference to Drug-Free Remedies Using Vitamins, Minerals, Herbs & Food. New York Penguin; 2010: 5th edition.

Barasi M. Nutrition at a Glance. Oxford: Blackwell; 2007.

Colbin A. Food and Healing. New York: Ballantine Books; 1986.

Department of Health. Report on health and social subjects 41: Dietary reference values for food energy and nutrients for the United Kingdom (COMA). London: HMSO; 1991.

Food Standards Agency. Manual of Nutrition. Norwich: The Stationery Office; 2008: 11th edition.

Geissler C, Powers, H. Fundamentals of Human Nutrition: for Students and Practitioners in the Health Sciences. Edinburgh: Churchill Livingstone Elsevier; 2009.

Geissler C, Powers, H, editors. Human Nutrition. Edinburgh: Elsevier Churchill Livingstone; 2011: 12th edition.

Matten G. The 100 Foods You Should Be Eating: How to Source, Prepare and Cook Healthy Ingredients. London: New Holland; 2009.

Newman-Turner R. Naturopathic Medicine. Wellingborough: Thorsons/Harper Collins; 1990.

Pitchford P. Healing with Wholefoods, Asian Traditions and Modern Nutrition. North Berkeley: Atlantic Books; 2002: 3rd revised edition.

Walsh S. Plant Based Nutrition and Health. East Sussex: The Vegan Society; 2007.

Werbach M R Nutritional Influences on Illness, A Sourcebook of Clinical Research. Tarzana: Third Line Press; 1996.

Zimmermann M. Burgerstein's Handbook of Nutrition: micronutrients in the prevention and therapy of disease. New York: Thieme; 2001.

Websites

Annemarie Colbin, Food and Healing, <http://www.foodandhealing.com> (accessed

26.2.12) British Nutrition Foundation, <http://www.nutrition.org.uk> (accessed 26.2.12)

Scientific Advisory Committee on Nutrition, <http://www.sacn.gov.uk> (accessed 26.2.12)

McCance & Widdowson's Composition of Foods Integrated Dataset (CoF IDS), <http://tinyurl.com/6lnkzqg> (accessed 6.3.12)

Department of Health, <http://www.doh.gov.uk> (accessed 26.2.12)

Module 3: Clinical Sciences

Minimum Hours: 350

Aims

To provide an integrated programme in clinical sciences aimed at outlining the common diseases, their causes, mechanisms, clinical features and diagnosis.

To provide experience of case-history taking and physical examination.

To provide students with a foundation from which to compare and contrast this knowledge with their own approach to medicine and to communicate effectively with practitioners of orthodox medicine.

To enable students to develop an understanding of the limits of their own medical capabilities and thereby enhance the skills of appropriate referral.

Minimum Level: 5 (HE diploma)

Learning Outcomes

By the end of this programme, the student will be able to:

1. Evaluate the diagnostic techniques and clinical applications in orthodox medical practice and compare and contrast them with their own medical equivalent.
2. Analyse the distribution of disease in the community and the approach to prevention from the orthodox and holistic points of view.
3. Explain how normal cell and tissue structure and function can change to produce genetic changes, abnormal cell growths, tissue injury, inflammation and repair.
4. Demonstrate a knowledge and critical understanding of the general nervous, endocrine and metabolic responses to ageing, stress and tissue injury.
5. Apply the underlying concepts and principles of infection and the ways in which alterations in natural and acquired defences (immunity) can lead to disease.
6. Discuss the consequences of changes in the circulation, resulting from vascular narrowing and obstruction, fluid excess and loss and organ failure.
7. Demonstrate a knowledge and critical understanding of diseases leading to the differential diagnosis of common symptoms and signs affecting the covering and support systems of the body (skin, joints and bone), control systems (nervous and endocrine systems) and maintenance systems (cardiovascular, respiratory, gastrointestinal and urinary systems).
8. Interpret basic pathology laboratory data and results of investigative procedures.
9. Demonstrate a knowledge and critical understanding of the actions and side-effects of the major classes of orthodox drugs and how to access drug information (use of National Formularies etc.).

Outline of Syllabus Contents

1. The orthodox medical model:

Causes and mechanisms of disease, describing diseases, the principles of differential diagnosis.

2. Disorders of cells:

Genetic diseases. Disorders of cell growth; abnormal growth, benign and malignant tumours. Cancer, epidemiology, clinical effects, principles of treatment. Blood-cell disorders.

3. Local response to tissue injury:

Acute and chronic tissue injury, inflammation and its complications.

4. General response to tissue injury:

Fever, neuro-endocrine and metabolic response, role of the immune system, psychological factors, shock, post-operative trauma.

5. Disturbance of body response:

Excessive immune response: hypersensitivity (allergy), auto-immune diseases. Immune deficiency: AIDS, cancer immunology.

6. Infectious diseases:

Principles of infection. Microbial classification. Septicemia and pyrexia of unknown origin. Common bacterial, viral and fungal diseases.

7. Circulatory disorders:

Atheroma, atherosclerosis, thrombosis, embolism, infarction, shock, haemorrhage, oedema, organ failure, clotting disorders.

8. Symptoms and signs related to diseases of the various body systems:

Common skin signs; eczema/dermatitis, psoriasis, acne, skin infections and infestations, melanoma. Joint pain; rheumatoid arthritis, osteoarthritis, osteomalacia, ankylosing spondylitis, gout. Soft-tissue disorders. Bone pain and fractures; osteoporosis, osteomalacia, Paget's disease, Hypercalcaemia.

9. Symptoms and signs related to diseases of control systems:

Nervous system: paralysis and coma (stroke, cerebral haemorrhage, metabolic disorders), convulsions and epilepsy, disorders of the central nervous system, facial pain and facial weakness (trigeminal neuralgia, shingles, cluster headache, Bell's palsy), motility disorders (Parkinson's disease, cancer, endocrine disorders, peripheral nerve disorders), dementia, Alzheimer's disease.

Special Senses: ageing effects on vision, impaired vision, ageing effects on hearing and balance, ear infection, tinnitus, nasal problems, polyps, sore throat, sinusitis, allergies, tonsillitis, swollen glands.

Endocrine Disorders: underactive and overactive thyroid, adrenal failure, adrenal overactivity (Cushing's disease), pathological effects of steroid therapy, diabetes, hypoglycemia.

10. Symptoms and signs related to diseases of maintenance systems:

Heart and lungs: chest pain, breathlessness, wheezing and pleural signs, cough with sputum (with or without haemoptysis), palpitations, cyanosis and clubbing of the fingers.

Gastrointestinal tract: abdominal pain and abdominal obstruction, jaundice, altered bowel habit (diarrhoea and constipation), rectal bleeding, nausea and vomiting, weight loss, difficulty in swallowing, hiatus hernia, peptic ulcer, stomach cancer, inflammatory bowel diseases, irritable-bowel syndrome, diverticular disease, large-bowel cancer, hernias, appendicitis, peritonitis, gall stones, hepatitis, cirrhosis, pancreatitis.

Genito-Urinary tract: urinary frequency and dysuria, increased urine output (polyuria) and decreased urine output (oliguria), haematuria, kidney failure, nephritis, nephrotic syndrome, urinary stones, prostatic enlargement, cancers of the urinary tract and male reproductive organs, impotence, sterility, urinary tract infection.

Heart and blood vessels: angina, myocardial infarction, heart failure, hypertension, abnormal heart rhythms, peripheral vascular diseases.

Lungs: chronic bronchitis and emphysema, asthma, lung cancer, pneumonia, tuberculosis, lung collapse, lung fibrosis, upper-respiratory tract infections.

11. Disorders of growth and reproduction:

Abnormalities of menstruation, menopausal problems, pelvic inflammatory disease and vaginal discharges.

Non-malignant conditions: uterine fibroids, cysts, endometriosis.

Cancers of the reproductive system: cervix, endometrium, ovary, testicular, prostate, breast lumps and breast cancer.

Sexually transmitted diseases.

12. Tests in Clinical Sciences:

Pathology tests on body fluid: blood, urine, cerebrospinal fluid, faeces.

Investigative tests: X-ray, CT, MRI. Physical examination: cardiovascular, respiratory, abdominal, neurological.

13. Pharmacology and therapeutics:

Key concepts, major categories of drugs, accessing information on drug actions and side-effects, drug management issues, liaison with patient and GP.

Indicative Reading

Bickley Lynn S., 2002. Bates' Guide to Physical Examination and History Taking. Lipincott, Williams, Wilkey.

Dethlefsen, Thorwald and Dahlke, Rudiger, 2004. The Healing Power of Illnesss. New York: Vega Books. ISBN 1-85230-123-6

Epstein, Owen, Perkin, G. David, Cookson, John, de Bono, David P., 2003. Clinical Examination. Mosby.

Gascoigne , Stephen. 1995. Manual of Conventional Medicine for Alternative Practitioners. Jigme Press.

Gascoigne, Stephen. 2001. Clinical Medicine Guide - a holistic perspective. Jigme Press.

Gascoigne. Stephen, The Prescribed Drug Guide - a holistic approach.

Hopcroft, Keith and Forte, Vincent, 2003. Symptom Sorter Radcliffe.

McGee, S., 2007. Evidence-based Physical Diagnosis. W.B. Saunders Co. ISBN – 0721686931 2001

Merck Manual of Medicinal Information

Online at: <http://www.merck.com/mrkshared/mmanual/sections.jsp>

Mims, Cedric A., Dockrell, Hazell, Goering, Richard, and Roitt, Ivan M., 2004. Medical Microbiology. Mosby

Seller RH, 2000. Differential Diagnosis of Common Complaints. W. B. Saunders Co.

Swartz, M. H., 2002. Textbook of Physical Diagnosis. W.B. Saunders Co. ISBN: 072169411X

Zatouroff, M.,1996. General Medicine: Physical Signs in General Medicine. Mosby.

Module 4: Plant Chemistry & Pharmacology

Minimum Hours: 80

Aims

To ensure that practitioners are familiar with the main chemical constituents of the most common herbal and traditional medicines, the effects they have on the human body, and their reactions with orthodox drugs.

Minimum Level : 5 (HE diploma)

Learning outcomes

By the end of this programme the students will be able to:

1. Have a detailed knowledge of the nature and properties of plant substances.
2. Evaluate simple chemical identification tests and separation techniques and understand the value and uses of more sophisticated techniques.
3. Demonstrate a detailed knowledge and critical understanding of the pharmacological effects of the major groups of plant compounds used in their practice
4. Demonstrate a detailed knowledge and critical understanding of the mode of action of common medicinal plants. Evaluate the limitations of plant biochemistry as an explanatory model for herb actions.
5. Use a range of established techniques to undertake information searches and evaluate current information on plant biochemistry and phytopharmacognosy.

Outline of Syllabus Contents

1. The chemical and physical structure, properties and functions of the main classes of secondary plant chemicals, including:
terpenes, mono-, sesqui-, di-, tri-terpenes, steroids and carotenoids. fatty acids, triglycerides, waxes, alkanes, polyacetylenes.
alkaloids, non-protein amino acids, amines. purines and pyrimidines, chlorophyll.
carbohydrates - mono-, oligo- and poly-saccharides, gums, sugar alcohols and cyclitols.
phenols and phenolic acids, phenylpropanoids and coumarins, quinones, flavonoids, tannins.
sulphur compounds (sulphides, thiophenes, glucosilicates). cyanogenic compounds.
2. The dynamics and kinetics of medicinal substances upon the human body - remedy absorption, distribution, metabolism, excretion, and sensitivity.
3. The toxicology of commonly used medicinal plants: side effects, cautions and contraindications.
4. Known and possible comparisons and interactions of orthodox drugs with herbal medicines, dietary modification, etc.
5. Synergistic and reductionist models of medicinal plant activity.

Indicative Reading

Brinker, Francis, 2001 HerbContra-indications and Drug Interactions, 3rd edition. Sandy, Oregon: Eclectic Medical Publications

Bruneton, Jean, 1999. Pharmacology, Phytochemistry, and Medicinal Plants. Intercept Scientific. (out of print; for college libraries)

Buhner, Stephen Harrod, The Secret Teachings of Plants - the intelligence of the heart in the direct perception of nature.

Buhner, Stephen Harrod, The lost language of plants - the ecological importance of plant medicines for life on earth.

Mills, S. and Bone, K., 2005. The Essential Guide to Herbal Safety. London: Elsevier/Churchill Livingston.

New Guide to medicines and drugs. The British Medical Association. ISBN 0-7513-2737-9

Pengelly, A., 2004. The Constituents of Medicinal Plants. CABI Publishing

Raney, Dale et al., Pharmacology, 5th edition. London: Churchill-Livingston

Schultes, Richard Evans, et al, edited by William A.R. Thomson , 1978. Medicines From the Earth, A Guide to Healing Plants. Alfred Van Der Marck Editions/ MaGraw-Hill, Maidenhead

Waller, D.; Renwick, A.G.; Hillier, K., 2001 Medical Pharmacology and Therapeutics. W.B. Saunders Co.

Wohlmuth H, and Leach L., 2001. Plants and Plant Forms - an illustrated guide. Lismore. MacPlatypus Productions.

Module 5: Pharmacognosy & Dispensing

Minimum Hours: 100

Aims

To ensure the safety of herbal and traditional medicine practice by enabling practitioners to evaluate quality control and quality-assurance processes for herbal and traditional medicines.

To ensure a good understanding of the processes by which herbal medicines are grown, harvested, stored and processed.

To enable practitioners to read and evaluate technical material published on herbal medicines in pharmacopoeias, monographs etc.

To ensure adequate knowledge of the legal requirements relating to herbal and traditional medicine practice.

To acquire the necessary skills for the running of a herbal and traditional medicine dispensary.

Minimum Level : 5 (HE diploma)

Learning Outcomes

By the end of the programme, students should be able to:

1. Demonstrate a detailed knowledge and critical understanding of the processes and issues of Quality Assurance in relation to herbal and traditional medicines.
2. Demonstrate a detailed knowledge and critical understanding of the identifying characteristics of commonly used herbal and traditional medicines.
3. Explain the botanical terms used to describe herbs, including Latin terms for parts of plants.
4. Demonstrate a detailed knowledge and critical understanding of dispensary skills.
5. Demonstrate a detailed knowledge and critical understanding of the legislation relating to the sourcing, purchasing, storage, labelling and dispensing of herbal and traditional medicine.
6. Compare and contrast the different forms of administration of herbs.
7. Demonstrate a detailed knowledge and critical understanding of the procedures for interacting with pharmacists, licensing authorities, medical profession and toxicologists and the identification, prevention, minimisation and reporting of adverse incidents relating to prescribing.

Outline of Syllabus Contents

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 stock-taking, information and updating on herb regulations.

The law and herbal medicine - relevant UK and European 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.

Indicative Reading

Bone, Kerry, 2003. A Clinical guide to blending liquid herbs. London: Churchill Livingston.

Green, James, 2000. Herbal Medicine-Maker's Handbook: A Home Manual. Berkeley, CA.: Crossing Press

Heinrich, Michel, 2004. Fundamentals of Pharmacognosy and Phytotherapy. London: Churchill Livingston

Mills, S.; Bone, K. 2000. Principles and Practice of Phytotherapy. London: Churchill Livingston.

Tyler, Varro E., Brady, Lynn R.,Robbers, James E. 1981 Pharmacognosy. Philadelphia: Lea and Febiger.

Waller, D.; Renwick, A.G.; Hillier, K. 2001 Medical Pharmacology and Therapeutics. WB Saunders Co.

Pengelly, A., 2004. The Constituents of Medicinal Plants. CABI Publishing.

Evans, William Charles, 2002. Trease and Evans Pharmacognosy Edinburgh; New York : W.B. Saunders Co.

Module 6: Practitioner Development & Ethics

Minimum Hours: 150

Minimum Level : 6

Note that until such time as a unified code of ethics and conduct is established for all EHTPA member associations, this module will inevitably need to vary to reflect the specific codes of ethics and conduct for the relevant professional association(s).

Aims

To support student self-development leading to effective communication (including listening and counselling skills, and empathy) within the therapeutic relationship, and within their professional lives as a whole, e.g. in liaising with GPs, etc.

To support the development of reflective practice - the practitioner as a life-long learner; and an understanding of how personal and psychological factors influence the therapeutic relationship.

To ensure that students are familiar with the ethical, legal and professional foundations of good practice, and are able to apply these principles appropriately.

Learning Outcomes

By the end of the module students will be able to:

1. Demonstrate a comprehensive knowledge of understanding of the role of self, personality and psychological factors in personal development and in establishing an effective therapeutic relationship and environment.
2. Understand, and evaluate, the fundamental principles of medical ethics. Discuss moral, ethical and legal obligations to patients and the public in general, their profession and fellow practitioners, other health-care professionals, and staff they employ.
3. Practise in accordance with the relevant legal framework, code of ethics , conduct and Health & Safety legislation.
4. Demonstrate a comprehensive understanding of their limits of competence and when and how to make referrals.
5. Investigate and critically evaluate sources of advice, guidance and continuing professional education which will enable them to grow and develop as professional herbal practitioners.
6. Identify and appraise the sources of advice, guidance and continuing professional education to set-up and operate a successful practice.
7. Demonstrate a critical awareness of legal and ethical issues and requirements relating to children and vulnerable adults.
8. Demonstrate a critical awareness of the impact of their practice on the environment.

Outline of Syllabus Contents

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 counter-transference, 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

Indicative Reading

Burnard, P., 1997. *Effective Communications Skills for Healthcare Professionals*, 2nd Edition. Cheltenham: Nelson Thorne

Dimond, B. 1998. *The Legal Aspects of Complementary Therapy Practice*. London: Churchill Livingston.

Dixon M, Sweeney K., 2000. *The Human Effect in Medicine: theory, research and practice*. Radcliffe Medical Press.

Hargie O., Saunders C., Dickson D., 1994. *Social Skills in Interpersonal Communication*. Routledge.

Mitchell, A. & Cormack, M., *The Therapeutic Relationship in Complementary Health Care*. London: Churchill Livingston.

Skovholt, T.M., 2000. *The Resilient Practitioner: burnout prevention and self-care strategies for counsellors, therapists, teachers and health professionals*. Allyn and Bacon. ISBN – 0 205306 11 X

Wright, S.G., and Adams, J., 2000. *Right Relationship & Spirituality in Healthcare*. London: Churchill-Livingston.

Module 7: Practitioner Research

Minimum Hours: 150

Aims

To enable practitioners to develop an orientation towards continuous professional development, recognising that learning is a life-long process, and that part of this process is concerned with the ability to frame enquiry within the context of personal practice, reflecting and analysing in a systematic and critical way

To introduce the principles and practice of research as a system and critical process of enquiry in the context of health care in general and herbal and traditional medicine in particular

Minimum Level: 6

Learning Outcomes

By the end of the programme the student will be able to:

1. Demonstrate the skills of finding, reviewing and critically analysing relevant research literature.
2. Evaluate research methodology within a range of different research paradigms.
3. Demonstrate practical skills in research design, operation and data analysis.
4. Develop a research proposal, including appropriate methodology and consideration of the ethical and legal issues.
5. Discuss, collaborate on and disseminate research with other herbal practitioners and in the wider healthcare field.
6. Be aware of the value of research for their own practice and understand the importance of audit.

Outline of Syllabus Contents

1. The research culture within herbal and traditional medicine - strengths and weaknesses, keeping up with the field, continuous professional development, using research evidence to inform clinical practice. Audit techniques.
2. The epistemology of research: positivist v. interpretative studies, quantitative and qualitative work, co-operative enquiry, action research, ethnography, evidence-based medicine, phenomenology. The value and limitations of a particular approach to a given research
3. Research skills: types of controlled trials, outcome measures, survey and interview techniques, case studies, discourse analysis and personal narrative, introduction to statistics, audit techniques.
4. Designing a research question and develop a research proposal.
5. Ethical and legal issues in research, including negotiating access, informed consent, working with patients within the established health authority.

Indicative Reading

Bell, Judith. 2005. Doing your research project : a guide for first time researchers in education, health and social science. Maidenhead: The Open University.

Bowling, Ann. 2002 Research Methods in Health, Investigating Health and Health Services. Buckingham: The Open University

Lewith G., Jonas W.B., Walach H, 2002. Clinical Research in Complementary Therapies: principles, problems and solutions. W.B. Saunders Co.
ISBN: 0443063672

St George, David, Research into complementary and alternative medicine, biomedical science or the holistic paradigm, 2 DVD Presentation. Journal of Contemplative Science.
<http://www.herbalmedicine.org.uk/journal/journal>

Module 8: Tradition Specific Curriculum Content
Minimum Hours: 1150

The Core Curriculum below describes the common content that all EHTPA accredited programmes must meet.

The tradition specific material needed to meet the requirements for accreditation is described in the 8th Module.

For an individual programme to be accredited it must meet all the requirements of the Core Curriculum plus the requirements of the relevant tradition specific 8th Module

Detailed tradition specific 8th Module content is presented here for the following:

Ayurvedic Medicine;
Chinese Herbal Medicine;
Tibetan Herbal Medicine;
Western Herbal Medicine.

Modules for other traditions of herbal medicine are still in preparation and will be published at a later date.

Ayurvedic Medicine (revised January 2014)

INTRODUCTION

The Core Curriculum provides the basis for the design of courses in Ayurvedic medicine in the UK. It also provides the benchmark against which courses seeking accreditation are judged.

The curriculum details the minimum requirements for Ayurvedic professional education and training in the UK. Entry to the profession is at undergraduate level (Section A: Parts 1-4), which qualifies graduates as Ayurvedic herbalists. Fully qualified Ayurvedic practitioners must have passed an additional course based on the postgraduate curriculum.

The Ayurvedic module of the Core Curriculum results from wide consultation with Ayurvedic professionals and educationalists. This document has been adapted for the UK context; it is a modified version of the Ayurvedic curricula for undergraduate studies recommended by the Central Council for Indian Medicine (CCIM), the Department of Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH) of the Indian Ministry of Health, and the Ministry of Indigenous Medicine in Sri Lanka.

CURRICULUM CONTENT

SECTION A: Learning Outcomes and Syllabus

Undergraduate Subjects

- Part 1 Ayurvedic Fundamental Concepts
- Part 2 Ayurvedic Pharmacology and Pharmacy
- Part 3 Ayurvedic Pathophysiology and Therapeutics
- Part 4 Ayurvedic Clinical Medicine

Key Texts

SECTION B: *Materia Medica*

SECTION C: Supervised Clinical Practice

For copies of the Ayurveda postgraduate curriculum please contact the EHTPA Administrator in Head Office

SECTION A: Learning Outcomes and Syllabus

UNDERGRADUATE SUBJECTS

Part 1 Ayurvedic Fundamental Concepts

Aims:

Part 1 introduces students to the history, philosophy and basic principles of Ayurveda, and relates these to the terminology and the core concepts of human anatomy and physiology as defined in Ayurveda. Students are introduced to the role of nutrition and optimal lifestyle practices from an Ayurvedic perspective for health maintenance. This part also introduces and emphasises the use of Sanskrit as the foundation for Ayurvedic studies.

Learning Outcomes:

On completion of Part 1, the successful student should be able to:

Describe the role of history and philosophy in the development of Ayurveda as a health care modality (Syllabus: 1, 2, 3 and 4).

Explain the fundamental principles of Ayurvedic anatomy and physiology (Syllabus: 4, 5, 6 and 7).

Describe Ayurvedic perspectives and approaches to preventative health care (Syllabus: 7, 8, 9, 10 and 11).

Define essential Sanskrit terms and their English equivalents used in the study of Ayurveda (Syllabus: 12).

Syllabus:

History and Philosophy of Ayurveda

1. Historical overview of Ayurveda: its development from ancient to modern times.
2. Influence of Indian philosophies (*shad darshana*) on theory and approach of Ayurveda.
3. Ancient and modern perspectives of Ayurveda with reference to scope and limitations of Ayurveda in current primary care, public health and clinical care.

Basic Principles and Medical Concepts of Ayurveda

4. Theoretical basis (*padartha*) of Ayurveda including *nava dravya* and *shad padartha*.
5. Basics of anatomy in Ayurveda (*rachana sharira*) with reference to embryological development and bodily systems.
6. Basics of physiology in Ayurveda (*kriya sharira*) with reference to *bhutas*, *doshas*, *dhatu*, *mala*, *agni*, *ama*, *srotamsi* and *manas*.
7. Individual *dosha* constitution (*prakrti/vikrti*) and lifestyle choices to maintain balance.

Health Concepts of Ayurveda

8. Concepts of health, wellbeing and homeostasis (*samya*) in Ayurveda
9. Concept of mind (*manas*) in Ayurveda, process of perception (*jnanendriya*) and the role of mind (*chitta*) as a mediator in the process of health.
10. Perspectives and approaches to social and behavioural health promotion (*swasthavrta*) with reference to the Ayurvedic concepts of nutrition and lifestyle (*ahara/vihara*), ethical conduct (*shadvrta*), daily regimen (*dinacharya*), seasonal regimen (*rtucharya*) and natural urges (*vegas*).
11. Ecological and environmental determinants of health for individuals and societies.

Sanskrit in Ayurveda

12. Introduction to Sanskrit language focussing on key Ayurvedic terminology with reference to the classical text Ashtanga Hridayam.

Part 2 Ayurvedic Pharmacology and Pharmacy

Aim:

Part 2 enables students to integrate knowledge of Ayurvedic pharmacology with Ayurvedic phytomedicine as it applies to clinical environment and regulatory stipulations in the context of Ayurvedic practice in the UK.

Learning Outcomes:

On completion of Part 2, the successful student should be able to:

1. Describe theoretical perspectives of Ayurvedic pharmacology within the context of traditional use and current practice (Syllabus: 1 and 3).
2. Outline the classification of food and therapeutic substances in Ayurveda with reference to pharmacognosy and pharmacotherapeutics (Syllabus: 2, 4, 5, 6 and 7).
3. Explain the role of Ayurvedic methods of processing and preparation of food, herbs and formulations with respect to rational choice of dosage forms and posology (Syllabus: 5, 6, 7, 8, 9, 10, 11 and 12).
4. Identify principles of safe use of Ayurvedic medicines (Syllabus: 5, 7, 8, 11 and 12).

Syllabus:

Ayurvedic Pharmacology and *Materia Medica*

1. History and development of Ayurvedic pharmacology with reference to pharmacognosy (*dravyaguna vijnana*) and pharmacotherapeutics (*bhaishajya kalpana*).
2. Ayurvedic concepts of pharmacology: substance/drug (*dravya*), properties (*guna*), taste (*rasa*), potency (*virya*), metabolic effect (*vipaka*), specific potency (*prabhava*), and action (*karma*), as well as their clinical importance and effects on *doshas*, *dhatu*s and *agni*.
3. UK classification of herbs from the Ayurvedic *materia medica* into 'essential' and 'useful' herbs (see Section B).

Ayurvedic Phytomedicine

4. Nomenclature, synonyms, basic morphology, energetics, parts used and therapeutic potential of Ayurvedic herbs.
5. Indications, traditional therapeutic uses, contra-indications and precautions of Ayurvedic herbs and formulations.
6. Therapeutic application of dietary substances (*pathya/apathya*).
7. Introductory overview of Ayurvedic toxicology (*agada tantra*) and Ayurvedic methods for the safe preparation of formulations with non-herbal ingredients (*rasa aushadhi*).

Ayurvedic Pharmacy

8. Processing methods of Ayurvedic medicines including quality standards.
9. Selection of single/group of herbs, mode of administration, posology and adjuvants in common Ayurvedic formulations.
10. Pharmaceutical standard monographs of Ayurvedic herbs and compound formulations.
11. Combination of herbs in formulations with reference to enhancement and incompatibility.
12. Toxicity and safe use of Ayurvedic raw materials and compound formulations.

Part 3 Ayurvedic Pathophysiology and Therapeutics

Aims:

Part 3 introduces students to the theoretical framework of Ayurvedic pathophysiology. It enables students to apply essential Ayurvedic methods of analysing health and disease states.

Learning Outcomes:

On completion of Part 3, the successful student should be able to:

1. Describe the theory and determinants of health and illness from an Ayurvedic perspective (Syllabus: 1 and 3).
2. Explain the origin, development and progression of illness states based on the concepts of *samprapthi* and *kriyakala* (Syllabus: 2, 3, 4 and 5).
3. Interpret signs and symptoms of illness states from an Ayurvedic perspective (Syllabus: 5, 6 and 7).
4. Discuss the importance of Ayurvedic aetiopathogenesis as the foundation for treatment strategies in Ayurvedic health care (Syllabus: 1, 3, 4, 5, 6, 7, 8, 9 and 10).

Syllabus:

Ayurvedic Concepts of Pathology

1. Introduction to pathophysiology, disease development, diagnosis and classification of diseases from an Ayurvedic perspective.
2. Imbalance (*vikrti*) and disease (*roga*): definition, classification (*bheda*) and causality (*roga nidana*).
3. *Trividha hetu*: basic concepts of pathology in Ayurveda (*asatmendriartha samyoga, prajnaparadha, parinama*).

Ayurvedic Concepts of Pathogenesis

4. Concepts of pathogenesis (*samprapti* and *kriyakala*) with reference to pathological factors (*samprapti ghatakas*)
5. *Doshas* as primary factors in disease development and the stages of disease (*vyadhi avastha*) in association with *doshas*.
6. Signs and symptoms (*lakshana*) of balanced (*sama*), increased (*vrddhi*), decreased (*kshaya*) and disturbed (*kopa*) stages of *dosha, dhatu* and *mala*.
7. Prognosis (*sadhya/asadhyata*) and complications (*upadrava*) of physical disorders related to different types of *dosha* imbalances.

Ayurvedic Diagnosis and Therapeutics

8. Concept of aetiology (*nidana*), prodroma (*purva rupa*), symptomatology (*rupa*), aggravating and alleviating factors (*upashaya/anupashaya*), and their significance in Ayurvedic diagnosis.
9. Ayurvedic diagnostic methods (*roga-rogi pariksha*) of *dosha* imbalance and disease stage (*vyadhi avastha*).
10. Basics of Ayurvedic therapeutic principles (*shamana, shodhana, swastahita*).

Part 4 Ayurvedic Clinical Medicine

Aims:

Part 4 prepares students for Ayurvedic practice by exploring Ayurvedic clinical medicine within a range of general and specialised clinical subjects. This part builds on the knowledge and skills gained in Parts 1 to 3 in Ayurvedic clinical decision-making and designing Ayurvedic treatment protocols.

Learning Outcomes:

On completion of Part 4, the successful student should be able to:

1. Explain the purpose, approaches, classification and scope of Ayurvedic clinical medicine (Syllabus: 1, 2, 3 and 4).
2. Discuss the key Ayurvedic concepts and approaches in preventative health care and management of common disease conditions (Syllabus: 3, 4, 5, 6, 7 and 8).
3. Describe the role of mind-body connections in the development of illness and the management of disease states (Syllabus: 8 and 11).
4. Discuss the role of Ayurvedic care in specialised areas (Syllabus: 9, 10 and 11).

Syllabus:

Overview of Ayurvedic Clinical Medicine

1. Overview of specialised branches of Ayurvedic medicine (*ashtanga* of Ayurveda) and the position of clinical medicine (*kayachikitsa*).
2. Synopsis of the “*Sutrasthana*” and “*Vimanasthana*” chapters of the classical text *Charaka Samhita*.
3. General approaches in Ayurvedic clinical medicine: rational (*yukti vyapashraya*), subtle (*daiva vyapashraya*) and psychological (*sattvavajaya*).
4. Overview of basic therapeutic approaches (*nidana parivarjana*), utilisation of *samanya vishesha siddhanta*, *upashaya*, *sama/nirama*, *shodhana* and *kshara/agni karma*.

Practice of Ayurvedic Clinical Medicine

5. Disorders caused by digestive and metabolic disturbance (*agni dushti*), and *ama* as the morbid factor for a variety of diseases.
6. Ayurvedic aetiology, pathogenesis, diagnosis and treatment of common diseases/syndromes involving specific *doshas* (*vata vyadhis*, *pitta vyadhis*, *kapha vyadhis*).
7. Concept and clinical significance of immunity (*vyadhi kshamatva*) in relation to *ojas*.
8. Role of mind (*manas*) in psychosomatic imbalances and disorders.

Specialised Clinical Subjects

9. Overview of women’s health and management of menstrual disorders (*rajo dushti*).
10. Overview of supraclavicular pathologies (*shalakya*) with reference to common diseases of the head, eye, ear, nose and throat (HEENT).
11. Overview of Vedic healing modalities and their therapeutic application in psychosomatic idiosyncrasies and psychological disorders (*manasa roga*).

KEY TEXTS

The following classical texts of Ayurveda provide the key texts and main references for the study of Ayurveda:

1. *Charaka Samhita*
2. *Sushruta Samhita*
3. *Ashtanga Hrdayam*
4. *Ashtanga Sangraha*
5. *Kashyapa Samhita*
6. *Sharangdhara Samhita*
7. *Madhava Nidana*
8. *Chakradatta*
9. *Bhavaprakasha*
10. *Bhaishajya Ratnavali*
11. *Rasa Ratna Samucchaya*
12. *Rasendra Sara Sangraha*

For centuries these texts have formed the primary sources of Ayurvedic scholarship in codifying Ayurvedic theory and approaches to practice. They have been, and still are, recognised in the tradition as the essential literary documents for Ayurvedic education, practice and research. Together with their commentaries, translations and interpretations, the above-listed classics continue to form the key resources in the delivery of contemporary Ayurvedic education.

SECTION B: *Materia Medica*

- a) Each educational institution defines, provides a rationale for, and publishes the *materia medica* that is appropriate for its learning and teaching needs and to ensure that its graduates are safe and competent practitioners.
- b) The *materia medica* takes account of:
 - The lists of herbs developed by the relevant UK Professional Bodies
 - The relevant UK and European legislation
 - Adverse event reporting systems
 - Restricted substances
 - Endangered species and the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES)
 - Other relevant conventions and codes of practice

SECTION C: Supervised Clinical Practice

In addition to the 500 hours of generic clinical practice specified in Module 9 of the Core Curriculum, the clinical practice component of an Ayurveda programme shall include at undergraduate level a further 100 hours to provide adequate hands-on training in a limited range of specific Ayurvedic whole-body therapies. Of the total 600 clinical practice hours at undergraduate level, at least 300 hours must be in direct contact with patients.

UNDERGRADUATE LEVEL

Aim

This practical part aims to further the ability of students to incorporate a range of specialised Ayurvedic whole-body therapies supportive to Ayurvedic clinical practice within the context of health maintenance and/or improving the quality of life in functional disorders.

Learning Outcomes

On successful completion of the additional 100 hours of supervised clinical practice, students should be able to:

- 1 Evaluate appropriate *snehana* and *swedana* therapies for the purpose of health maintenance.
- 2 Carry out a range of whole-body *snehana* and *swedana* therapies in Ayurvedic clinical practice by meeting the required health, safety and treatment standards.

Content

The following manual therapies are **mandatory**:

- 1 Whole-body therapies from a range of *snehana* and *svedana* treatments not exceeding *abhyanga*, *pizhichil*, *udvartana*, *garshana*, *pindasweda*, *nadisweda* for the purpose of health maintenance.
- 2 Localised body therapies such as *katibasti*, *hrdbasti*, *janubasti*, *greevabasti* for functional disorders of muscular-skeletal conditions.
- 3 Selected HEENT therapies including *shirodhara*, *shirobasti*, *shirolepa*, *shiropicchu* for health maintenance and restorative treatment (not management of diseases).

NOTE: these therapies are limited to treat symptoms and conditions originating from functional imbalances and within the context of health maintenance and improving the quality of life.

For copies of the Ayurveda postgraduate curriculum please contact the EHTPA Administrator in Head Office.

Chinese Herbal Medicine

These guidelines cover the following areas:

Aims

Outcomes

Curriculum content

Means of assessment

Notes on terminology

AIMS

The aim of Professional Entry Level education shall be to produce a practitioner of Chinese herbal medicine who can practise independently and who is a caring, safe, competent and effective.

The integration of theory and clinical practice during the educational programme, should encourage the development of reflective, evidence based practice delivered by a research-minded practitioner with qualities of integrity, humanity, caring, trust, responsibility, respect and confidentiality.

OUTCOMES

Upon satisfactory completion of the prescribed educational programme and subsequent qualification, a practitioner shall be able to:

1. take a patient's case history, to include information about:
 - a. the patient's presenting condition
 - b. predisposing, precipitating and maintaining factors
 - c. the patient's medical, psychological, social & family history
2. interpret information gained whilst taking the patient's case history in order to determine possible diagnoses for further investigation
3. safely conduct the necessary diagnostic procedures, including:
 - a. pulse reading
 - b. tongue examination
 - c. body palpation
4. apply knowledge of anatomy, physiology, pathology and clinical medicine in order to interpret the results of diagnostic procedures competently
5. apply knowledge of current and traditional Chinese medicine in order to make an appropriate differential diagnosis based upon their findings
6. integrate patterns of disharmony with aetiological factors and pathological processes, and identify how these different aspects interconnect.

7. demonstrate awareness of limitations with regard to competence
8. apply knowledge of the medical sciences in order to recognise clinical situations where herbal treatment may be:
 - a. inappropriate
 - b. contraindicated
 - c. inadequate when used on its own
9. communicate with and make the appropriate referral to registered medical or other health care practitioners when necessary
10. elucidate a treatment principle and methods, and design an appropriate treatment based upon the use of Chinese herbal medicine when it is safe so to do
11. dispense Chinese herbal medicine, demonstrating competence in appropriate practical skills
12. apply knowledge pertaining to the safe storage of herbs, and legal requirements related to this, to clinical situations
13. succinctly and clearly communicate findings, diagnosis, treatment plan and prognosis to the patient in such a way that the patient's own needs, expectations and culture are taken into consideration.
14. identify key lifestyle factors which are:
 - a. causing the patient's condition
 - b. limiting their potential for recovery
15. discuss key lifestyle factors with the patient and where possible encourage the patient to help himself/herself.
16. specify the roles of all forms of prescribed medication in the overall management of a patient's condition and identify which medications:
 - a. should be maintained at constant levels
 - b. can be reduced slowly and
 - c. can be stopped immediately without risk to the patient
17. liaise with the patient and where appropriate with the patient's medical practitioner with regard to any proposed changes in the management of the medication
 - a. systematically and accurately record all relevant information and details of herbal formulae prescribed at every session
 - b. maintain and store these records for future reference and in accordance with statutory requirements
 - c. make these records available to their patients
18. monitor a patient's condition as a result of treatment, re-evaluate diagnostic information and differential diagnosis as necessary, and modify and implement new treatment strategies as the patient's condition changes over time.
19. evaluate and take account of any ethical considerations which might affect the practitioner/patient relationship. Such considerations include:

- a. issues relating to age, gender or race.
 - b. issues arising out of prejudice or ignorance
 - c. issues relating to confidentiality
 - d. the impact of the practitioner's personality and circumstances (both physical and emotional)
 - e. issues of a financial nature
20. specify rare but sometimes serious adverse events when using herbal medicines, demonstrating knowledge of the relevance of
- a. previous occurrences
 - b. debates about their causes
 - c. the role of liver function testing
21. identify signs and symptoms of possible adverse reactions and be able to respond appropriately in order to minimise harm to the patient
22. ensure compliance with requirements for the notification of adverse events
23. demonstrate knowledge of the requirements of the professional Codes of Ethics and Practice of the European Herbal & Traditional Medicine Practitioners Association, and the legal framework governing the practice of herbal medicine in the UK.
24. demonstrate possession of the attitudes and skills which are necessary for life long learning and professional development, and awareness that they are essential to continuing effective practice of Chinese herbal medicine.
25. critically read, evaluate and, if appropriate, apply the findings of significant research findings to the practice of Chinese herbal medicine
26. keep abreast of significant research and professional issues and their recognise their relevance to patient care/professional development.

CURRICULUM CONTENT

The curriculum content comprises:

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 B: Materia Medica

| | |
|---------|--------------------|
| Part I | General Background |
| Part II | Individual Herbs |

SECTION C: Formulae

Part I General Principles: Composing and Modifying Formulae Part II Model Formulae

Means of Assessment

Exemptions

Notes on Terminology
Indicative Reading

SECTION A: THEORIES, METHODS, DIAGNOSIS, TREATMENT PART I:

PART 1: General Background

1. History and Fundamental Characteristics of Chinese Medicine

- a. 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
- b. Holism: seeing patterns of disharmony
- c. Medicine East and West: key contrasts

2. The Philosophical Setting

- a. Yin-Yang Theory
 - (i) 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).
 - (ii) The medical applications of Yin-Yang.
- b. Five Phase or Five Elements (Wu Xing) Theory
 - (i) 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.
 - (ii) The medical applications of the Five Phase concept.

PART II: Physiology

1. The Fundamental Substances

- a. Qi: Qi as a central concept in Chinese philosophy and medicine; the sources of Qi; the functions of Qi; the forms of Qi : Organ (zang fu), Channel (jing), Nutritive ying)⁵, Protective (wei), Gathering (zong)⁶
- b. Blood (xue): sources and functions; relationship to Qi and to the Zang Fu
- c. Essence (jing): characteristics and functions
- d. Spirit (shen)⁷: characteristics and manifestations
- e. Body Fluids (jin ye): comprising thinner fluids (jin) and thicker fluids (ye); characteristics and functions

2. The Internal Organs (zang fu)

- a. Differences between the Zang Fu in Chinese Medicine and the anatomical organs of Western medicine
- b. 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); the relationships between the Zang
- c. 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.
- d. 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)

*: For an explanation of the index numbers, see Notes on Terminology on p.59.

3 The Channels (jing)⁹ and Network Vessels (luo mai)¹⁰

- a. The functions of the channels; the distinction between channels (jing) and network vessels (luo mai)
- b. The channel system: the twelve regular channels (shi 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):**
 - a. diet
 - b. imbalances of work and rest
 - c. sexual excesses
- 4. Miscellaneous factors:** including trauma, burns, bites, parasites

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)¹⁶ and Excess (shi)¹⁷; Yin and Yang.
- 2. Qi, Blood, Body Fluids:**
 - a. Qi: Qi Deficiency (qi xu), Qi Sinking (qi xian)¹⁸, Qi Stagnation (qi yu)¹⁹, Qi Counterflow (qi ni)²⁰
 - b. Blood (xue): Blood-Deficiency (xue xu), Blood Stasis (xue yu), Blood Heat (xue re) (c) 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**
 - a. Wind Patterns (feng zheng): Wind-Cold (feng han), Wind-Heat (feng re), Wind-Dampness (feng shi)
 - b. Damp Patterns (shi zheng): Cold-Dampness (han shi), Damp-Heat (shi re) (c) Cold Patterns (han zheng): Excess Cold (shi han), Deficiency Cold (xu han)
 - c. Heat/Fire Patterns (re-/huo zheng): Excess Heat (shi re), Deficiency Heat (xu re)
 - d. Summerheat Patterns (shu zheng)
 - e. 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.
- 5. 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
- 6. 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

- a. The Shen (including facial expression, look and shine of the eyes, clarity of thought)
(b) Physical shape and movement
- b. Facial colour
- c. Tongue
- d. Other external manifestations: eyes, nose, ears, mouth/lips/teeth/gums, throat, limbs (including index finger in infants), skin

2. Listening & Smelling

- a. Sound of the voice; breathing; cough
- b. Body odours (including stools, urine and other discharges)

3. Asking

- a. Sensations of cold and hot
- b. Sweating
- c. Headaches and dizziness
- d. Pain/aching/numbness: in whole body, joints, back, limbs
- e. Chest and abdomen: including epigastric and lower abdominal fullness and pain, oppression of the chest, palpitations, shortness of breath, hypochondriac pain
- f. Stools and urine
- g. Thirst, appetite and diet, tastes in the mouth, nausea/vomiting
- h. Ears and eyes: including tinnitus, hearing loss; pain or pressure in the eyes, blurred vision, floaters
- i. Sleep
- j. Vitality
- k. Mental-emotional state
- l. Gynaecological: cycle, periods, discharges
- m. Paediatric: including special events during pregnancy, traumas at birth, breast-feeding and weaning, vaccinations
- n. Medical history
- o. Medication

4. Touching

- a. 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 Threadly (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.
- b. **Palpating** the skin, the hands and feet, the epigastrium and abdomen.

PART VI Principles and Methods of Treatment

1. Principles of Treatment (zhi ze)

Treating in accordance with the season, the locality, and the individual.

- a) Supporting the Upright (zheng)²⁴ Qi and expelling the Evil (xie) Qi.
- b) Treating the manifestation (biao)²⁵ and the root (ben).
- c) 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:

- a. 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.
- b. 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 osteoarthritis 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) Styte (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

Urticaria Alopecia

Discoid Lupus

SECTION B: MATERIA MEDICA

PART I GENERAL BACKGROUND

1. The Historical Development of Chinese Herbal Knowledge

2. The Identification, Harvesting and Storage of Chinese herbs

(This will be dealt with in detail in the module on 'Pharmacognosy and Dispensing')

3. The Preparation and Treatment of Chinese Herbs

(This will be dealt with in detail in the module on 'Pharmacognosy and Dispensing')

4. The Natures & Properties of Chinese Herbs

- a. Four Energies & Five Flavours
- b. Ascending, Descending, Floating & Sinking
- c. Tonifying & Draining
- d. Targeting of Channels
- e. Categories

5. The Utilisation of Chinese Herbs

- a. Combining herbs
- b. Contraindications
 - i. Symptomatic contraindications
 - ii. Contraindicated combinations
 - iii. Contraindications for pregnant women
 - iv. Contraindicated food and drink
- c. Dosage
 - i. As determined by the nature of the herbs
 - ii. As determined by the combination and the type of prescription
 - iii. As determined by the disease situation, the constitution and age of the patient
- d. Administration

Safety issues surrounding the use of Chinese herbs, including quality assurance and control, relevant legislation, reporting of adverse events, and the role of blood testing, are essential parts of a training in Chinese herbal medicine, and will be covered in detail in the module on Pharmacognosy and Dispensing.

PART II INDIVIDUAL HERBS

- a) Each educational institution defines, provides a rationale for, and publishes the *materia medica* that is appropriate for its learning and teaching needs and to ensure that its graduates are safe and competent practitioners.
- b) The *materia medica* takes account of:
- The lists of herbs developed by the relevant UK Professional Bodies
 - The relevant UK and European legislation
 - Adverse event reporting systems
 - Restricted substances
 - Endangered species and the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES)
 - Other relevant conventions and codes of practice

The list of herbs that follows is illustrative of the individual herbs that institutions might include in their *materia medica*.

Institutions should refer to the RCHM's latest Restricted Substances list for information about which herbs are illegal or restricted for use in the UK or are CITES listed or whose use is in other ways restricted or prohibited.

Herbs that resolve the exterior (jie biao yao)

Warm, acrid herbs that resolve the exterior

Gui Zhi (Ramulus Cinnamomi Cassiae)

Ma Huang (Herba Ephedrae)

Fang Feng (Radix Ledebouriellae Divaricatae)

Jing Jie (Herba seu Flos Schizonepetae Tenuifoliae) Qiang Huo (Rhizoma et Radix Notopterygii)

Zi Su Ye (Folium Perillae Frutescentis) Xi Xin (Herba cum Radice Asari)

Bai Zhi (Radix Angelicae Dahuricae)

Sheng Jiang (Rhizoma Zingiberis Officinalis Recens)

Cool, acrid herbs that resolve the exterior

Bo He (Herba Menthae Haplocalycis) Sheng Ma (Rhizoma Cimicifugae) Ju Hua (Flos

Chrysanthemi Morifolii) Chai Hu (Radix Bupleuri)

Ge Gen (Radix Puerariae) Sang Ye (Folium Mori Albae)

Chan Tui (Periostracum Cicadae)

Niu Bang Zi (Fructus Arctii Lappae)

Clear Heat (qing re yao)

Drain Fire (xie huo yao)

Shi Gao (Gypsum)

Zhi Mu (Rhizoma Anemarrhenae Asphodeloidis) Zhi Zi (Fructus Gardeniae Jasminoidis)

Xia Ku Cao (Spica Prunellae Vulgaris) Dan Zhu Ye (Herba Lophatheri)

Lu Gen (Rhizoma Phragmitis Communis) Tian hua fen (Radix Trichosanthis Kirilowii)

Cool Blood (liang xue yao)

Sheng Di Huang (Radix Rehmanniae Glutinosae) Mu Dan Pi (Cortex Moutan Radicis)

Chi Shao Yao (Radix Paeoniae Rubrae) Xuan Shen (Radix Scrophulariae Ningpoensis) Di

Gu Pi (Cortex Lycii Radicis)

Zi Cao (Radix Arnebiae seu Lithospermi) Shui Niu Jiao (Cornu Bubali) Bai

Wei (Radix Cynanchi Baiwei)

Clear Heat and Dry Dampness (qing re zao shi yao)

Huang Qin (Radix Scutellariae Baicalensis) Huang Bai (Cortex Phellodendri)

Huang Lian (Rhizoma Coptidis)

Long Dan Cao (Radix Gentianae Longdancao) Ku Shen (Radix Sophorae Flavescentis)

Clear Heat and Resolve Toxin (qing re jie du yao)

Jin Yin Hua (Flos Lonicerae Japonicae)

Lian Qiao (Fructus Forsythiae Suspensae)

Pu Gong Ying (Herba Taraxaci Mongolici cum Radice)

Bai Xian Pi (Cortex Dictamni Dasycarpi Radicis)

Tu Fu Ling (Rhizoma Smilacis Glabrae)

Ban Lan Gen (Radix Isatidis seu Baphicacanthi) Bai

Hua She She Cao (Herba Hedyotidis Diffusae) Da

Qing Ye (Folium Daqingye)

Zi Hua Di Ding (Herba cum Radice Violae Yedoensis)

Clear Heat and Resolve Summerheat (qing re jie shu yao)

Qing Hao (Herba Artemesiae Annuae) Bai

Bian Dou (Semen Dolichoris Lablab) Yin chai hu (Radix Stellariae Dichotomae)

Precipitants (xia yao)

Attacking Precipitants (gong xiayao)

Da Huang (Radix et Rhizoma Rhei)

Mang Xiao (Mirabilitum)

Moist Precipitants (run xia yao)

Huo Ma Ren (Semen Cannabis Sativae) Yu Li Ren (Semen Pruni)

Transform Dampness (hua shi yao)

Cang Zhu (Rhizoma Atractylodis)

Huo Xiang (Herba Agastaches seu Pogostemi) Sha Ren (Fructus Amomi)

Hou Po (Cortex Magnoliae Officinalis)

Bai Dou Kou (Fructus Amomi Kravanh) Cao Guo (Fructus Amomi Tsao-ko) Pei Lan (Herba Eupatorii Fortunei)

Drain Dampness (li shi yao)

Fu Ling (Sclerotium Poriae Cocos) Ze Xie (Rhizoma Alismatis Orientalis)

Yi Yi Ren (Semen Coicis Lachryma-jobi)

Mu Tong (Caulis Mutong) (All forms of Mu Tong banned) Che Qian Zi (Semen Plantaginis)

Hua Shi (Talcum)

Yin Chen Hao (Herba Artemesiae Yinchenhao) Bi Xie (Rhizoma Dioscoreae Hypoglaucae) Zhu Ling (Sclerotium Polypori Umbellati)

Jin Qian Cao (Herba Lysimachiae) Di Fu Zi (Fructus Kochiae Scopariae)

Han Fang Ji (Radix Stephaniae Tetrandae) (All forms of Fang Ji banned)

Dispel Wind and Eliminate Dampness (qu feng chu shi yao)

Du Huo (Radix Angelicae Pubescentis)
Qin Jiao (Radix Gentianae Qinjiao)
Wei Ling Xian (Radix Clematidis)
Cang Er Zi (Fructus Xanthii Sibirici)
Mu Gua (Fructus Chaenomelis)
Hai Feng Teng (Caulis Piperis Futokadsurae)
Sang Zhi (Ramulus Mori Albae)
Sang Ji Sheng (Ramulus Sangjisheng)
Xi Xian Cao (Herba Siegesbeckiae)
Wu Jia Pi (Cortex Acanthopanax Gracilistylis Radicis)

Transform Phlegm, Suppress Cough and Calm Wheezing

Dispel Cold and Transform Phlegm (qu han hua tan yao)

Ban Xia (Rhizoma Pinelliae Terenatae)
Jie Geng (Radix Platycodi Grandiflori)
Tian Nan Xing (Rhizoma Arisaematis)
Xuan Fu Hua (Flos Inulae)
Bai Jie Zi (Semen Sinapis Albae)

Clear Heat and Transform Phlegm (qing re hua tan yao)

Qian Hu (Radix Peucedani)
Zhe Bei Mu (Bulbus Fritillariae Thunbergii) Chuan Bei Mu (Bulbus Fritillariae Cirrhosae) Zhu Ru (Caulis Bambusae in Taeniis)
Gua Lou (Fructus Trichosanthis) Gua Lou Ren (Semen Trichosanthis) Kun Bu (Thallus Algae)

Suppress Cough and Calm Wheezing (zhi ke ping chuan yao)

Kuan Dong Hua (Flos Tussilaginis Farfarae) Bai Bu (Radix Stemonae)
Su Zi (Fructus Perillae Frutescentis) Xing Ren (Semen Pruni Armeniacae) Sang Bai Pi (Cortex Mori Albae Radicis) Zi Wan (Radix Asteris Tatarici)
Pi Pa Ye (Folium Eriobotryae Japonicae)

Regulate Qi (li qi yao)

Chen Pi (Pericarpium Citri Reticulatae) Qing Pi (Pericarpium Citri Reticulatae Viride) Zhi Shi (Fructus Immaturus Citri Aurantii)
Mu Xiang (Radix Saussureae Lappae) (All trade in this form of Mu Xiang banned) Xiang Fu (Rhizoma Cyperi Rotundi)
Zhi Ke (Fructus Citri Aurantii)
Chuan Lian Zi (Fructus Meliae Toosendan) Da Fu Pi (Pericarpium Arecae Catechu) Wu Yao (Radix Lynderae Strychnifoliae)

Disperse Food and Guide Out Stagnation (xiao shi dao zhi yao)

Shen Qu (Massa Fermenta)
Shan Zha (Fructus Crataegi) Lai Fu Zi Semen Raphani Sativi)
Gu Ya (Fructus Oryzae Sativae Germinatus)
Mai Ya (Fructus Hordei Vulgaris Germinatus)
Ji Nei Jin (Endothelium Corneum Gigerae Galli)

Invigorate Blood (huo xue yao)

Dan Shen (Radix Salviae Miltiorrhizae) Tao Ren (Semen Persicae)
Hong Hua (Flos Carthami Tinctorii) Chuan Xiong (Radix Ligustici Chuanxiong) Chuan niu xi

(Radix Achyranthis Bidentae)
Huai Niu Xi (Radix Cyathulae Officinalis) Yu Jin (Tuber Curcumae)
Yan Hu Suo Rhizoma Corydalis Yanhusuo Ji Xue Teng (Radix et Caulis Jixueteng)
Yi Mu Cao (Herba Leonuri Heterophylli) San Leng (Rhizoma Sparganii Stoloniferi) Mo Yao
(Myrrha)
Ru Xiang (Gummi Olibanum)
E Zhu (Rhizoma Curcumae Ezhu) Ze Lan (Herba Lycopi Lucidi)

Stop Bleeding (zhi xue yao)

Ai Ye (Folium Artemisiae Argyi) San Qi (Radix Notoginseng) Pu Huang (Pollen Typha)
Di Yu (Radix Sanguisorbae Officinalis) Da Ji (Herba seu Radix Cirsii Japonici) Xiao Ji
(Herba Cephalanoplos)
Ou Jie (Nodus Nelumbinis Nuciferae Phizomatis) Ce Bai Ye (Cacumen Biotae Orientalis)
Xian He Cao (Herba Agrimoniae Pilosae)
Bai Mao Gen (Rhizoma Imperatae Cylindrica)

Warm the Interior (wen li yao)

Rou Gui (Cortex Cinnamomi Cassiae)
Fu Zi (Radix Lateralis Aconiti Carmichaeli Praeparata) Gan Jiang (Rhizoma Zingiberis Officinalis)
Wu Zhu Yu (Fructus Evodiae Rutaecarpae) Ding Xiang (Flos Caryophylli)

Tonify Qi (bu qi yao)

Ren Shen (Radix Ginseng)
Dang Shen (Radix Codonopsis Pilosulae)
Bai Zhu (Rhizoma Atractylodis Macrocephalae)
Huang Qi (Radix Astralagi Membranaceus) Shan Yao (Radix Dioscoreae Oppositae)
Da Zao (Fructus Zizyphi Jujubae)
Tai Zi Shen (Radix Pseudostellariae Heterophyllae) Gan Cao (Radix Glycyrrhizae Uralensis)

Tonify Yang (bu yang yao)

Xu Duan (Radix Dipsaci Asperi)
Du Zhong (Cortex Eucommiae Ulmoidis) Bu
Gu Zhi (Fructus Psoraleae Corylifoliae) Tu Si Zi (Semen Cuscutae Chinensis)
Rou Cong Rong (Herba Cistanches Deserticolae) Lu Rong (Cornu Cervi Parvum)
Yi Zhi Ren (Fructus Alpiniae Oxyphyllae) Gou Ji (Rhizoma Cibotii Barometz)
Ba Ji Tian (Radix Morindae Officinalis) Yin Yang Huo (Herba Epimedii)
Dong Chong Xia Cao (Cordyceps Sinensis)
Xian Mao (Rhizoma Curculiginis Orchioideis)

Tonify Blood (bu xue yao)

Dang Gui (Radix Angelicae Sinensis)
Bai Shao Yao (Radix Paeoniae Lactiflorae) He Shou Wu (Radix Polygoni Multiflori)
Shu Di Huang (Radix Rehmanniae Glutinosae Conquिताe) Long Yan Rou (Arillus Euphorbiae
Longanae)
E Jiao (Gelatinum Corii Asini)

Tonify Yin (bu yin yao)

Mai Men Dong (Tuber Ophiopogonis Japonici) Tian Men Dong (Tuber Asparagi Cochinchinensis)
Sha Shen (Radix Adenophorae seu Glehniae) Nu Zhen Zi (Fructus Ligustri Lucidi)
Shi Hu (Herba Dendrobii) Bai He (Bulbus Lillii)

Gou Qi Zi (Fructus Lycii)
Gui Ban (Plastrum Testudinis) (CITES: trade allowed with appropriate trade permits)
Bie Jia (Carapax Amydae Sinensis) (CITES: trade allowed with appropriate trade permits)
Yu Zhu (Rhizoma Polugonati Odorati) Han Lian Cao (Herba Ecliptae Prostratae) Hei Zhi Ma
(Semen Sesami Indici) Huang Jing (Rhizoma Polygonati)

Stabilise and Bind (gu se yao)

Wu Wei Zi (Fructus Schisandrae Chinensis)
Shan Zhu Yu (Fructus Corni Officinalis)
Lian Zi (Semen Melumbinis Nuciferae)
Fu Pen Zi (Fructus Rubi Chingii) Ma
Huang Gen (Radix Ephedrae) Qian
Shi (Semen Euryales Ferocis) Fu
Xiao Mai (Semen Triticum Aestivum)
Rou Dou Kou (Semen Myristicae Fragrantis)
Wu Mei (Fructus Pruni Mume)

Calm the Liver and Extinguish Wind (ping gan xi feng yao)

Gou Teng (Ramulus cum Uncis Uncariae) Tian Ma (Rhizoma Gastrodiae Elatae) Bai Ji Li
(Fructus Tribuli Terrestris)
Shi Jue Ming (Concha Haliotidis) (CITES: trade allowed with appropriate trade permits)
Jiang Can (Bombyx Batrycatum) (CITES: trade allowed with appropriate trade permits)
Di Long (Lumbricus) (CITES: trade allowed with appropriate trade permits)

Calm the Spirit

Nourish the Heart and Calm the Spirit (yang xin an shen yao) Yuan Zhi (Radix Polygalae
Tenuifoliae)
Suan Zao Ren (Semen Zizyphi Spinosae) Bai Zi Ren (Semen Biotae Orientalis)
He Huan Pi (Cortex Albizziae Julibrissin)
Ye Jiao Teng (Caulis Polygoni Multiflori)

Settle the Spirit (zhen an yao)

Long gu (Os Draconis) (CITES: trade allowed with appropriate trade permits)
Mu li (Concha Ostreae) (CITES: trade allowed with appropriate trade permits)
Ci shi (Magnetitum) (CITES: trade allowed with appropriate trade permits)
Zhen zhu mu (Concha Margaritae) (CITES: trade allowed with appropriate trade permits)

Open the Orifices (kai qiao yao)

Shi Chang Pu (Rhizoma Acori Graminei)
Bing Pian (Borneol)
An Xi Xiang (Benzoinum)

SECTION C: FORMULAE

PART I GENERAL PRINCIPLES: COMPOSING AND MODIFYING FORMULAE

1. Internal Structure of Chinese Herbal formulae
 - a. Principles of formula-building
 - b. Principles of herb combination
2. Adjustment of Formulae to Fit the Individual Case
 - a. Adding and deleting herbs
 - b. Altering herb combinations
 - c. Altering dose ratios
3. Categories of Formula
 - a. Pre-modern categorisations
 - b. Modern categorisations
4. Types of formulation (decoctions, powders, pills, soft extracts, special pills, tinctures) This will be dealt with in detail in the module on 'Pharmacognosy and Dispensing'
5. Preparation and Administration
This will be dealt with in detail in the module on 'Pharmacognosy and Dispensing'

PART II MODEL FORMULAE

Each educational institution defines, provides a rationale for, and publishes a list of model formulae that is appropriate for its learning and teaching needs and to ensure that its graduates are safe and competent practitioners.

For each formula students should have knowledge and understanding of: the category (e.g. Releases the Exterior, Invigorates Blood); ingredients and dosage; indications for usage; contra-indications; major modifications; differences in properties and usage between formulae in the same category.

The following formulae are illustrative of those that institutions might include in their lists.

MODEL FORMULAE

Formulas that:

Resolve the Exterior (jie biao ji)

Ma Huang Tang - Ephedra Decoction
Gui Zhi Tang - Cinnamon Twig Decoction
Yin Qiao San - Honeysuckle & Forsythia Powder
Sang Ju Yin - Mulberry Leaf & Chrysanthemum Decoction
Xiao Qing Long Tang - Minor Bluegreen Dragon Decoction
Ren Shen Bai Du San - Ginseng Powder to Overcome Pathogenic Influences
Ge Gen Tang - Kudzu Decoction
Cang Er Zi San - Xanthium Powder
Chai Ge Jie Ji Tang - Bupleurum and Kudzu Decoction to Release the Muscle Layer

Clear Heat (qing re ji)

Bai Hu Tang - White Tiger Decoction
Ma Xing She Gan Tang - Ephedra, Apricot Kernel, Gypsum & Licorice Decoction
Huang Lian Jie Du Tang - Coptis Decoction to Relieve Toxicity
Long Dan Xie Gan Tang - Gentiana Longdancao Decoction to Drain the Liver
Qing Hao Bie Jia Tang - Artemisia Annuua and Soft-shelled Turtle Decoction
Yu Nu Jian - Jade Woman Decoction
Xie Bai San - Drain the White Powder
Shao Yao Tang - Peony Decoction

Drain Downward (xie fa ji)

Da Cheng Qi Tang - Major Order the Qi Decoction
Xiao Cheng Qi Tang - Minor Order the Qi Decoction
Tiao Wei Cheng Qi Tang - Regulate the Stomach and Order the Qi Decoction
Ma Zi Ren Wan - Hemp Seed Pill

Harmonise (he ji)

Xiao Chai Hu Tang - Minor Bupleurum Decoction
Xiao Yao San - Rambling Powder
Si Ni San - Frigid Extremities Powder
Ban Xia Xie Xin Tang - Pinellia Decoction to Drain the Epigastrium

Expel Dampness (qu shi ji)

Wu Ling San - Five-Ingredient Powder with Poria
Zhu Ling Tang - Polyporus Decoction
Wu Pi San - Five Peels Powder
Ping Wei San - Calm the Stomach Powder
Huo Xiang Zhen Qi San - Agastache Powder to Rectify the Qi
Ba Zheng San - Eight-Herb Powder for Rectification
Er Miao San - Two-Marvel Powder
Fang Ji Huang Qi Tang - Stephania and Astragalus Decoction

Warm the Interior (wen li ji)

Li Zhong Wan - Regulate the Middle Pill
Zhen Wu Tang - True Warrior Decoction
Dang Gui Si Ni Tang - Dang Gui Decoction for Frigid Extremities
Wu Zhu Yu Tang - Evodia Decoction
Da Jian Zhong Tang - Major Construct the Middle Decoction
Xiao Jian Zhong Tang - Minor Construct the Middle Decoction

Tonify (bu ji)

Si Jun Zi Tang - Four-Gentlemen Decoction

Liu/Xiang Sha/Liu Jun Zi Tang - Six Gentlemen Decoction et al.

Bu Zhong Yi Qi Tang - Tonify the Middle a & Augment Qi Decoction Ba Zhen Tang/Yi Mu Ba Zhen Tang - Eight-Treasure Decoction et al. Shi Quan Da Bu Tang - All-Inclusive Great Tonifying Decoction

Liu Wei Di Huang Tang - Six-Ingredient Decoction with Rehmannia

(Zhi Bai Di Huang Tang/Qi Ju Di Huang Tang/Du Qi Wan/Mai Wei Di Huang Tang) You Gui Wan - Restore the Right (Kidney) Pill

Zuo Gui Wan - Restore the Left (Kidney) Pill

Jin Gui Shen Qi Wan - Kidney Qi Pill from the Golden Cabinet Er Xian Tang - Two-Immortal Decoction

Si Wu Tang - Four-Substance Decoction (Tao Hong Si Wu Tang/Qin Lian Si Wu Tang)

Zhi Gan Cao Tang - Honey-Fried Licorice Decoction Gui Pi Tang - Restore the Spleen Decoction

Dang Gui Shao Yao San - Tangkuei & Peony Powder

Shao Yao Gan Cao Tang - Peony & Licorice Decoction

Shen Ling Bai Zhu San - Ginseng, Poria, & Atractylodes Macrocephala Powder Ren Shen

Yang Rong Wan - Ginseng Decoction to Nourish the Nutritive Qi Dang Gui Bu Xue Tang - Dang Gui Decoction to Tonify the Blood

Sheng Mai San - Generate the Pulse Powder

Yi Wei Tang - Benefit the Stomach Decoction Yi Guan Jian - Linking Decoction

Transform Phlegm (hua tan ji)

Er Chen Tang - Two-Cured Decoction

Wen Dan Tang - Warm the Gallbladder Decoction Zhi Sou San - Stop Coughing Powder

Ban Xia Bai Zhu Tian Ma Tang - Pinellia, Atractylodes Macrocephala, and Gastrodia Decoction

Bei Mu Gua Lou San - Fritillaria and Trichosanthes Fruit Powder

Regulate Qi (li qi ji)

Ban Xia Hou Po Tang - Pinellia and Magnolia Bark Decoction Yue Ju Wan - Escape Restraint Pill

Su Zi Jiang Qi Tang - Perilla Fruit Decoction for Directing Qi Downward Ding Chuan Tang - Arrest Wheezing Decoction

Ju Pi Zhu Ru Tang - Tangerine Peel and Bamboo Shaving Decoction

Invigorate Blood (huo xue ji)

Xue Fu Zhu Yu Tang - Drive Out Stasis in the Mansion of Blood Decoction (and variants)

Gui Zhi Fu Ling Wan - Cinnamon Twig and Poria Pill

Wen Jing Tang - Warm the Menses Decoction Dan Shen Yin - Salvia Decoction

Tao He Cheng Qi Tang - Peach Pit Decoction to Order the Qi

Calm the Spirit (an shen ji)

Tian Wang Bu Xin Dan - Heavenly Emperor's Special Pill to Tonify the Heart Suan Zao Ren Tang - Sour Jujube Decoction

Gan Mai Da Zao Tang - Licorice, Wheat, Jujube Decoction

Extinguish Wind (xi feng ji)

Tian Ma Gou Teng Yin - Gastrodia & Uncaria Decoction

Du Huo Ji Sheng Tang - Angelica Pubescens and Sangjisheng Decoction Juan Bi Tang - Remove Painful Obstruction Decoction

Xiao Feng San - Eliminating Wind Powder
Di Huang Yin Zi - Rehmannia Decoction

Disperse Food and Guide Out Stagnation (xiao shi dao zhi ji)

Bao He Wan - Preserve Harmony Pill

Mu Xiang Bing Lang Wan - Aucklandia & Betel Nut Pill and

Stabilise and Bind (gu se ji)

Yu Ping Feng San - Jade Windscreen Powder

Si Shen Wan - Four-Miracle Pill

Gu Jing Wan - Stabilise the Menses Pill

Suo Quan Wan - Shut the Sluice Pill

Stop Bleeding (zhi xue ji)

Jiao Ai Tang - Ass-Hide Gelatin and Mugwort Decoction

Moisten Dryness (run zao ji)

Xing Su San - Apricot Kernel and Perilla Leaf Powder

Mai Men Dong Tang - Ophiopogonis Decoction

Open the Orifices (kai qiao ji)

Di Tan Tang - Scour Phlegm Decoction

Expel Parasites (qu chong ji)

Wu Mei Wan - Mume Pill

MEANS OF ASSESSMENT

As part of the process of accreditation, educational institutions should present a full course description including an assessment strategy indicating how each part of the curriculum is assessed. The means of assessment should be appropriate to the nature of the learning involved. In the past too much emphasis had been placed upon assessment by conventional written examination, with the result that undue attention has been focussed on memorisation, rather than the understanding and application of the underlying principles. Educational institutions are therefore encouraged to include, in addition to conventional exams, both formative and summative assessment that incorporates methods such as:

1. Case histories
2. Open book exams, which go some way to reproducing the conditions of clinical practice, and allow the student to go into greater depth
3. Assignments/research projects, which allow the student to go beyond what the college can teach and also promote research-mindedness

Educational institutions are encouraged to develop and use teaching materials which will complement and enhance existing textbooks.

EXEMPTIONS

Educational institutions should provide a coherent policy with regard to exemptions for prior learning. Educational institutions must satisfy themselves, that candidates who are exempted from parts of their curriculum have covered the required material and achieved the required learning outcomes. Automatic exemption in basic Chinese medicine theory and diagnosis should be possible only where students have satisfied the requirements laid down by the British Acupuncture Council.

NOTES ON TERMINOLOGY

This curriculum contains terms which have been differently translated in different English-language texts on Chinese Medicine. In deciding on terminology we have sought guidance from N. Wiseman and F. Ye, *A Practical Dictionary of Chinese Medicine* (Paradigm Publications 1998) and from a number of texts which are likely to appear on the reading list of any Professional Entry course on Chinese Herbal Medicine: T. Kaptchuk, *Chinese Medicine* (Rider 1983); G. Maciocia, *The Foundations of Chinese Medicine* (Churchill Livingstone 1989); D. Bensky and A. Gamble, *Chinese Herbal Medicine: Materia Medica* (Eastland Press 1993) and *Chinese Herbal Medicine: Formulas and Strategies* (Eastland Press 1990).

No one usage is likely to satisfy everyone. In order to reduce the scope for ambiguity, the Pinyin versions of all Chinese terms have been added in italics, except in a very few cases where a Chinese term appears on its own without translation (eg Qi, Yin Yang). In addition, by way of illustration, footnotes to some of the terms have been added indicating an alternative translation.

- 1-4 Cf respectively 'generating', 'controlling', 'insulting', 'over-acting' (Maciocia)
- 5 Cf 'construction Qi' (Wiseman)
- 6 Cf 'Qi of the chest' or 'ancestral Qi' (Kaptchuk)
- 7 Cf 'mind' (Maciocia)
- 8 Cf 'curious organs' (Kaptchuk)
- 9 Cf 'meridians' (Kaptchuk)
- 10 Cf 'minor meridians' (Kaptchuk)
- 11 Xie: Wiseman gives 'evil', 'evil qi', 'disease evil', 'pathogen' as synonyms: 'pathogenic factor' is used here because of its familiarity. The terms liu yin (The Six Excesses [Wiseman]; the Six Pernicious Influences [Kaptchuk]) and liu qi (The Six Qi) are sometimes used to refer to the same external causes of disease.
- 12 Cf 'affects' (Wiseman)
- 13 Cf 'anxiety' (Wiseman)
- 14 Cf 'thought' (Wiseman)
- 15 Cf 'sorrow' (Wiseman)
- 16 Cf 'vacuity' (Wiseman)
- 17 Cf 'repletion' (Wiseman)
- 18 Cf 'qi fall' or 'center qi fall' (Wiseman)

- 19 Cf 'depression' (Wiseman)
- 20 qi ni: cf 'rebellious Qi' (Maciocia); Wiseman translates wu in the Five Phases as 'rebellion', ni as 'counterflow' - Wiseman's version has been adopted here.
- 21 shui zhong: literally 'water swelling'
- 22 Cf 'phlegm-rheum' (Wiseman)
- 23 Cf 'Reverting Yin' (Wiseman); 'Terminal Yin' (Maciocia)
- 24 Cf 'right' (Wiseman)
- 24 Cf 'tip' (Wiseman)
- 26 ba fa: the translations of the eight terms are taken from Bensky; Wiseman has, respectively, 'sweating', 'ejection', 'precipitation', 'warming', 'clearing', 'dispersing', 'supplementation'

INDICATIVE READING

D. Bensky and A. Gamble, 2004. Chinese Herbal Medicine: Materia Medica, Beijing: Eastland Press.

D. Bensky and A. Gamble Chinese Herbal Medicine: Formulas and Strategies Beijing: Eastland Press 1990

Chen, J. and Chen, T. 2004. Chinese medical herbology and pharmacology. City of Industry, CA: Art of Medicine Press.

Clavey, S., 1995. Fluid Physiology and Pathology in Traditional Chinese Medicine London: Churchill Livingston.

Kaptchuk, T., 2000: The Web That Has No Weaver: Understanding Chinese medicine. Chicago, Ill. : Contemporary Books.

Maciocia, Giovanni. 1989. The Foundations of Chinese Medicine. London: Churchill Livingston.

Maciocia, G.iovanni, 1994. The Practice of Chinese Medicine. London: Churchill Livingston.

MacLean, W. and Lyttleton, J. 1998, 2002 Clinical Handbook of Internal Medicine: the Treatment of Disease with Traditional Chinese Medicine, 2 volumes. University of Western Sydney: Macarthur.

Ross, Jeremy, Combining Western Herbs and Chinese Medicine.

State Administration of TCM, Beijing, 1995. Advanced Textbook on TCM and Pharmacology (several volumes) Beijing: New World Press.

Tierra, Michael, 1998. The Way of Chinese Herbs. New York: Pocket Books.

Wiseman, N., and Ye, F., 1998. A Practical Dictionary of Chinese Medicine. Brookline, Mass.: Paradigm Publications.

TIBETAN HERBAL MEDICINE

The Tibetan herbal medicine core curriculum covers

:

- Aims
- Learning Outcomes
- Curriculum Content
- Materia Medica
- Pharmacy and Clinical Training
- Assessment
- Indicative Reading

Aims

The aim of a qualification as a Practitioner of Traditional Tibetan Medicine (TTM) is to be someone who can:

1. practise with compassion and treat all patients equally
2. maintain and establish respect and harmonious relations with fellow practitioner
3. maintain an open mind and be willing to facilitate the exchange of knowledge between different health systems
4. display an attitude of service to patients, which takes precedence over material gain
5. practise continuous effort to gain further learning and experience as aids to professional growth
6. display an appropriate theoretical knowledge and clinical competence through the study and mastery of the traditional mainstay of Tibetan medical studies, i.e. the compendium of instructions known as the rgyud bzhi or Fourfold Medical Treatise, taught through its major commentaries
7. display great concern for the purity and efficacy of medicines, according to traditional Tibetan guidelines for recognising, selecting, gathering, drying, storing, purifying and processing the raw materials used to prepare the medicines and according to the regulations in force in this country and its accepted standards of good practice
8. competently use pre-prepared or personally compounded formulae of the various material medica to suit the patient's condition, in a way which removes or minimises any possible side effects and treats the patient as a whole, rather than treating just the presenting symptoms
9. practise compassion, humility and the other noble human qualities outlined in the "Ethics and Behaviour" chapter of the rgyud bzhi in his or her service to others to eradicate the suffering of sentient beings, promote longevity and increase spiritual welfare.

Learning Outcomes

Upon completion of training, the Practitioner of Traditional Tibetan Medicine (TTM) shall be able to do the following.

1. Offer diagnosis and treatment based upon the holistic approach of TTM, in which the mind and body are recognised as being interdependent.
2. Offer diagnosis based upon visual and tactile observation and questioning, as follows:

Visual observation

Based upon a general appreciation of the patient's complexion, appearance and comportment; brief examination of the eyes and ears; and a more detailed examination of the tongue and of a urine sample. Urine examination is further divided into eight sections.

- a. Advice regarding procedures to be followed the night before urine examination
- b. Time of examination
- c. Appropriate container in which to check the urine of the patient
- d. Changes of urine as it cools
- e. How to recognise a healthy person's urine
- f. How to recognise a diseased person's urine
- g. How to recognise a dying person's urine
- h. How to recognise the urine of someone under severe mental disturbance

Tactile observation

Takes the form of a general physical check and pulse reading. Pulse reading is divided into thirteen sections, which the practitioner has to know.

- a. Procedures to be followed the night before reading
- b. Correct time of pulse reading
- c. Correct vessels for pulse reading
- d. Extent of pressure applied by the fingers of the practitioner to read the pulse
- e. How to read each specific type of pulse
- f. How to distinguish the three "constitutional" pulse types
- g. How to interpret the pulse according to the four seasons and the five elements
- h. About the presence of "extraordinary pulses"
- i. How to distinguish between the various healthy and diseased pulses
- j. How to distinguish between general and specific pulses
- k. How to detect death pulses
- l. How to detect the effect of severe mental disturbance in the pulse
- m. About the "lifespan pulses"

Questioning

Means enquiring about the case history of the patient, as well as about signs, symptoms and the evolution of the illness presenting. The practitioner shall maintain and keep in confidence all records in relation to the patient.

3. Offer four areas of treatment to the patient.

Advice on diet

The practitioner will advise the patient on diet according to each individual bodily constitution based on the *nyes pa gsum* 1. All food and drink counselled should be based on the six primary tastes generated by the five elements and the three post-digestive effects. Advice is given to the patient on how to avoid incompatible foods and to consume food and drink in the right quantities.

Advice on conduct

The practitioner will advise the patient on the ways in which one can live more healthily and to improve life expectancy. S/he will also know the positive and negative influences exerted by being at odds or in harmony with family and society, or with one's own or the more widely recognised moral values, and will assess how, if at all, a patient can be tactfully and skilfully counselled so as to reduce the stress and illness that past and present behaviour may be causing.

The practitioner should advise the patient on seasonal conduct and the relationship between the five internal elements and the five external elements, advising on correct behaviour according to the four seasons. The practitioner should advise on "occasional conduct" and the thirteen natural functions of the body, which should neither be over-used or suppressed.

Prescription of medicines

The practitioner has to take ten factors into consideration before prescribing medicine.

- Analysis of which of the seven bodily constituents and three eliminating functions are affected
- Geographic factors
- Seasonal factors
- Bodily constitution
- Factors relating to age
- Condition of the disease
- Location of the disease
- Metabolism of the patient
- Strength of the patient
- Eating habits of the patient

The practitioner has to identify and know the taste, potency and post-digestive effect of each individual medicine and their ingredients in order for the medicine to be correctly prescribed.

Other treatments

Other treatments, such as massage, herbal baths, application of warm herbal packs to critical points on the body etc., as outlined in the fourth section of the Fourfold Treatise (see below) and as appropriate according to the regulations on such treatments in place nationally

4. Promote preventive medicine

Most diseases are seen in TTM as originating from what are known as primary causes and secondary conditions. One should avoid reinforcing secondary conditions liable to bring the *nyes pa gsum* into imbalance. The practitioner has to advise the patient with regard to appropriate and moderate use of mind, body, speech and the five senses and encourage the patient to follow instructions on best diet and conduct.

5. *Bring into balance* by either lifestyle and diet counselling or by medication the *nyes pa gsum* as far as possible.

The medication should not be excessive, deficient or inappropriate with respect to the *nyes pa gsum*.

6. *Clearly categorise* diseases into easily curable, difficult to cure, rarely curable and incurable.
7. *Know the various signs of approaching death*, according to the Fourfold Treatise categorisations of definite, indefinite, imminent etc.
8. *Strive to care for the patient's welfare in an unbiased and open-minded way*. Should her/his own skill, or TTM in general, be unable to cure the patient, the practitioner should recommend unhesitatingly recourse to another system of treatment.

Curriculum Content

The core curriculum laid out in this document is based upon the common ground of study in the major teaching institutions for Tibetan medicine in Dharamsala (India), Lhasa (Tibetan Autonomous Region of China) and Xining (Quighai, China).

What follows is a section-by-section description of the Fourfold Treatise, showing the main subjects studied during the four years. The Fourfold Treatise does not include training in *rtsis* (literally "calculations"), which traditionally existed as a training in its own right in Tibet and concerns a detailed study of all possible rhythms and movements in nature, including the human body. It is particularly concerned with the relation between the individual and the environment, studied through their mutual dependence and interaction, and is used, among other things, to determine the timing and suitability of treatments.

Tibet was traditionally a very religious country. The physician, who strove to lead an exemplary moral and ethical life, enjoyed a highly respected status and often gave counsel. The making and giving of medicines was treated as a sacred task, as was most of the healing art. Traditional studies included a component of spiritual training, mainly concerned with the doctor's own moral and ethical values, the treatment of the patient and the preparation of medicines. As TTM training reaches a wider world, and people of other faiths or no faith wish to study its science, it is appropriate for a religious component to be offered as an option and not a requirement. However, the altruism, respect for others etc. which form part of the physician's ethical and moral training are an integral part of the core curriculum 2.

Overall Synopsis of the Fourfold Treatise

Structure

The work consists of Four Treatises, divided into 156 chapters.

4 Treatises :

| | Subdivisions | Chapters |
|--------------------------|---------------|-------------------|
| The root treatise | 6 chapters | 6 |
| The explanatory treatise | 11 points | 31 |
| The instruction treatise | 15 sections | 92 |
| The final treatise | 4 compendiums | 27 |
| | | (25+2 concluding) |
| | | 156 |

1. *The root treatise*

This is a very condensed outline of the whole work which, when memorised, gives all the keys and instant access to the theory developed in the other parts.

2. *The explanatory treatise*

It provides the detailed explanation of the medical theory in 11 points.

3. *The instruction treatise*

Comprises the bulk of the work and presents the aetiology and modes of treatment of the various diseases.

4. *The final treatise*

It provides the theoretical background for the techniques of diagnosis, explains the different sorts of medicinal preparations and their processing and the various kinds of external treatments.

Detailed Structure and Subdivisions of the Four Treatises

THE FIRST TREATISE: 6 chapters

Chapter 1 *gleng gzhi*

Presentation of the circumstances of this teaching

Chapter 2 *gleng slong*

Exposition : overall synopsis of the four treatises

Chapter. 3 *gzhi*

Normal physical condition viewed as the basis of illness

Chapter 4 *ngos 'dzin*

Diagnosis and symptoms of disorders

Chapter 5 *gso thabs*

Treatment, as diet, behaviour, medication and other therapies

Chapter 6 *rtsis kyi le'u*
The tree metaphor 3 roots
9 stems
47 branches
224 leaves

THE SECOND TREATISE: Classified into 11 points covering 31 chapters

Points Chapters

1. *bshad pa'i sdom* Summary general outline of the work

OBJECT OF TREATMENT

Point 2: the body

Point 3: illness.

TREATMENT

Point 4: lifestyle

Point 5: diet

Point 6: medicines

Point 7: external treatments

MEANS OF TREATMENT

When in good health

Point 8: health preservation and longevity

When sick

Point 9: diagnosis

Point 10: methods and means of treatment

THE ONE WHO TREATS

Point 11: the qualities required in a doctor

2. The Body 2-7

chags tshul Formation of the body (embryology) *'dra dpe* Metaphors for the body
gnas lugs Nature of the body (quantitative anatomy dealing with the proportion of bodily constituents, nerves and blood vessels and other important channels in the body)
lus kyi mtshan nyid Characteristics (physiology) *dbye ba* Types of physical constitutions
'jig ltas Signs of death

3. Illness 8-12

(Aetiology)

nad kyi rgyu Causes of illness 8

nad kyi rkyen Contributing factors of illness 9

nad 'jugs tshul Mode of inception of illness (Pathophysiology) *nad kyi mtshan* 10 *nyid*

Characteristics of illness 11

nad kyi dbye ba Classification of diseases 12

4. Behaviour 13-15

rgyun spyod Usual behaviour *dus spyod* Seasonal behaviour
gnas skabs spyod lam Occasional behaviour

5. Diet 16-18

zas tshul Survey of foods and their nutritional value *zas sdom pa* Dietary restrictions
zad tshod ran pa The right amount of food and drink to ingest

6. Medicines 19-21

sman gyi ro "Taste" and "post-digestive taste" 19

sman gyi nus pa "Potency" ("Taste- derived"potency) This chapter outlines the theory of the six basic "tastes" and eight fundamental "potencies" which give each substance its own properties. This is the basis for compounding medicines in order to achieve the desired curative effect." 20a

Intrinsic potency" : the Materia Medica 3 The actual Treatise gives a basic list of over 300 products with their medicinal properties, also the much larger pharmacopoeia of TTM is also studied in famous commentaries such as Shel gong (Crystal Mirror) and Shel 'phreng(Crystal rosary) 20b

sman gyi sbyar thabs The compounding of medicines (principles) 21

7. Instruments (used in external treatments) 22 cha byad Surgical and medical instruments

8. Health preservation 23

mi na gnas Remaining healthy (preventive medicine)

9. Diagnosis 24-26

nyes pa dngos ston Diagnosing the actual condition of the patient

ngan gyo skyon brtag Diagnosing by indirect questioning: gaining the patient's confidence *spang blang ma bzhi* Four criteria to investigate whether a disease can be treated or not

10. Treatment of illness 27-30

gso tshul spyi General method of treatment

khyad par gso thabs Specific methods of treatment *gso thabs gnyis* Common means of treatment

gso thabs dngos Specific means of treatment

11. The doctor's qualities 31

gso ba po sman pa This outlines the professional qualities and ethical standards required of a doctor

THE THIRD TREATISE: Classified into 15 sections covering 92 chapters

NOTE : Please, consider the following English translations of diseases as PROVISIONAL. 4
Request for the teaching 1

Section 1 Disruption of the Three Nyes pa

Rlung disorders - diagnosis and treatment 5 2 *Mkhris pa* disorders - diagnosis and treatment 3
Bad kan disorders - diagnosis and treatment 4
'dus nad Combination of all threedidiagnosis and treatment 5

Section 2 "Cold" Diseases ("Consumptive" Disorders)

ma zhu ba Digestive problems 6 *skran* Tumours 7
skya rbab Oedema, 1st stage 8 'or Oedema, 2nd stage 9
dmu chu Oedema, advanced stage 10
gchong chen Chronic metabolic disorder resulting in wasting of zad byed bodily constituents
11

Section 3 "Hot" Diseases (Fever, Inflammations, Infectious Diseases)

tsha ba spyi Survey of hot disorders in general 12
gal mdo Clarification of possible errors about hot and cold diseases 13
ri thang "Borderline situations" ("Nyes pa" reactions mtshams following the treatment of a fever) 14
ma smin tsha ba Immature fever 15 *rgyas tshad* Fully developed fever 16 *stongs tshad* Empty fever 17 *gab tshad* Hidden or latent fever 18 *rnying tshad* "Old" fever (chronic) 19 *rnyogs tshad* "Turbid" fever 20 *'gram tshad* Post-traumatic fever 21 *'khrugs tshad* "Disturbing" fever 22 *rims tshad* Contagious diseases 23
'brum pa Pox-type diseases (smallpox etc.) 24 *rgyu gzer* Infectious disease of intestines 25
gag lhog Infectious disease of throat and of muscle tissues (could include diphtheria) 26 *cham pa* Common cold and influenza 27

Section 4 Diseases of the Upper Part of the

Body mgo nad Head 28 *mig nad* Eyes 29
rna nad Ears 30 *sna nad* Nose 31 *kha nad* Mouth 32
lba ba Goitre and throat diseases 33

Section 5 Visceral Diseases

snying nad Heart 34 *glo nad* Lungs 35 *mchin nad* Liver 36 *mcher nad* Spleen 37 *mkhal nad* Kidneys 38
pho ba' nad Stomach 39
rgyu ma'i nad Small intestine 40 *long nad* Large intestine 41

Section 6 Sexual Diseases

pho mtshan nad Male genital disorders 42 *mo mtshan nad* Female genital disorders 43

Notifiable diseases will be reported to Department of Public Health.

Section 7 Miscellaneous Diseases

skad 'gags Problems of voice production 44 *yi ga 'chus pa* Loss of appetite (all forms) 45
skom dad Intense chronic thirst 46 *skyigs bu* Hiccups 47
dbugs mi de Breathing difficulties (all forms, can include asthma) 48 *glangs thabs* Sharp abdominal pains of infectious origin (includes colic) 49
srin nad Infections/inflammations (micro-organisms normally present in the body become pathogenic) 50
skyugs Vomiting 51 *'khru nad* Diarrhoea 52
dri ma 'gag Constipation 53
gchin 'gags Urinary retention (12 different sorts of disorders: partial or total retention, reduced amount of urine, with or without pain and inflammation, etc.) 54
gchin snyi Polyuria (20 sorts of disorders: excessive production of urine, with or without inflammation of urethra, possible presence of pus, blood, sperm, etc. including diabetes) 55
tshad 'khru Infectious diarrhoea 56
dreg Gout 57
grum bu Rheumatic diseases (osteoarthritis) 58
chu ser nad "Chu-Ser" disorders (Skin affections of various sorts due to serous fluid dysfunction; also includes a pathology close to rheumatoid arthritis) 59
rtsa dkar nad Neurological disorders 60 *pags nad* Dermatological diseases 61
phran bu'i nad Miscellaneous minor disorders 62

Section 8 Endogenous Sores/Swellings

'bras nad Swellings, tumours (Also various kinds of cysts and growths) 63 *gzhang 'brum* Haemorrhoids 64
me dbal "Fire tongues" : (Burn-like blisters, mostly on the skin but can also be internal, could include erysipelas) 65
sur ya "Surya" swellings Blood clots obstruct the lumen of vessels supplying the lungs, the liver, the kidneys, the stomach or the large intestine, and this causes swelling around the affected organ. 66
rmen bu'i nad Swelling of glands 67
rlegs rlugs Swelling of scrotum and testicles 68 *rkang 'bam* Swelling of lower limbs 69
mstan bar rdol Anal fistula (possibly) 70

Section 9 Children's Diseases (Paediatrics)

byis pa nyer spyod Child care 71 *byis nad* Children's diseases 72
byis pa'i gdon Disturbances in children caused by negative influences in their environment 73

Section 10 Women's Diseases (Gynaecology)

mo nad spyi General disorders 74
mo nad bye brag Specific disorders 75 *mo nad phal ba* Common disorders 76

Section 11 Disorders due to "Malevolent Influences" (Neurology and Psychiatry)

This section presents a mixture of disorders: some that are mostly of a neurological nature, with or without some degree of mental illness, and some which correspond to various forms of mental illness. The person thought themselves to be under the influence of malevolent forces, as was often the case at the time (demons, elementals, etc.) Each chapter outlines specific physiological and behavioural symptoms, diagnosis and treatment.

Every practitioner was exposed to Buddhist philosophy and psychology; this clearly demarcates the view that perception depends on the observer and there is no "objective

reality". Instead the practitioner would have considered patients disturbed who insisted on seeing themselves to be under demonic or other malign influence (as is the case with paranoid patients in the modern world, although it may take on a modern tinge, for example having electric shocks sent through the body).

These perceptions of demonic influences would have been consistent with local folk understanding. Patients exhibiting such thinking were seen to be the influence of negative emotional states on the mind (i.e. to poison the mind stream).

Buddhism sees thought, emotions and biophysical aspects of the mind as inseparable. Emotions such as jealousy and rage were seen to unbalance and disturb the mind, at all levels, be this thinking, feeling or indeed in its physical manifestation. From a Buddhist perspective such emotions arise from an ego centred approach to the world. Belief in an independent ego was seen as a conceptual misunderstanding, which was seen to underlie such negative emotional states of mind. The ego and its demand for gratification were described as the "ultimate demon". Training practitioners of Tibetan Medicine, in Tibet, would have been exposed to such teachings. For example in commentary by Patrul Rinpoche, a famous meditation master of the XIX Century in Tibet:

The many spirits means concepts. *The powerful spirit* means belief in a self.

Again Milarepa (1052-1135), one of the founding fathers of Buddhism in Tibet:

Take a demon as a demon and it will harm you; take a demon as your own mind and you'll be free of it 6

byungs po'i nad "Elementals' influence " Various patterns of mental disturbance accompanied by physiological manifestations and erratic behaviour, possibly referring to mood, psychotic disorders etc. 77

smyo "Insanity-makers" Physical signs and disturbed behaviour akin to bipolar affective disorders 78

brjed "Making one forget" Neurological disorder possibly akin to dementia. 79 *gza'*

"Planetary influence" Neurological disorders - include strokes leading to hemiplegia and/or epilepsy 80

klu gdon nad "Naga influence" This relates mostly to the leprosy 81

Section 12 Wounds and Injuries

rma spyi General 82

mgo'i rma Head wounds 83 *ske'i ma* Neck wounds 84

byang khog ma Abdominal wounds 85 *yan lag rma* Limb wounds 86

Section 13 Poisons

sbyar dug Specially formulated poisons 87 *gyur dug* Food poisoning 88

dngos dug Natural poisons 89

Section 14 Revitalisation

Geriatricsbcud len Revitalisation treatment 90

Section 15 Virility/Fertility

Virility/Fertility Treatmentro tsa Virility 91 *bu med btsal* Woman's fertility treatment 92

THE FOURTH TREATISE: known also as the 4 compendiums: pulse, urine, medicinal treatment, external treatment, 27 chapters

1. *Diagnosis*

Through examination of pulse and urine rtsa Pulse 1
chu Urine 2

2. *"Calming" medicinal treatment*

thang decoctions 3 phye ma powders 4 ril bu pills 5
Ide gu pastes 6
sman mar medicinal butters 7 thal sman "calcينات" 8 khanda extracts 9
sman chang medicinal brews 10
rin po che preparations based on precious stones or substances 11 sngo sbyor herbal
preparations 12

3. *"Cleansing" medicinal treatment*

Preparation for the 5 "Works" snum 'chos Lubrication (oil therapy) 13

The Five Works:

bshal 1 purgatives 14 skugs 2 emetics 15
sna sman 3 cleansing via the nose 16 'jam rtsi 4 gentle enema 17
ni ru ha 5 forceful enema 18

Extra-powerful supplement to the 5 "Works": rtsa sbyong "channel" cleansing 19

4. *Gentle and forceful external*

treatments gtar 1 bloodletting 20 *bsreg* 2 moxibustion 21
dugs 3 hot/cold applications 22 *lums* 4 baths/steam baths 23
byug pa 5 ointments Extra-powerful supplement to the 5 external treatments : 24 *thur dpyad*
minor surgery 25
mjug don + yongs gtad + 2 extra chapters of conclusion and entrustment 26,27

These would not be practised in any country where the law forbids TM practitioners from undertaking such procedures or where they would be precluded by cultural constraints.

Materia Medica

- a) Each educational institution defines, provides a rationale for, and publishes the *materia medica* that is appropriate for its learning and teaching needs and to ensure that its graduates are safe and competent practitioners.
- b) The *materia medica* takes account of:
- The lists of herbs developed by the relevant UK Professional Bodies
 - The relevant UK and European legislation
 - Adverse event reporting systems
 - Restricted substances
 - Endangered species and the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES)
 - Other relevant conventions and codes of practice

The traditional Tibetan Materia Medica contained certain ingredients which, at the time of writing, are not allowed under current UK law or under international convention 7. This includes the use of certain toxic herbs and the use of mineral and animal ingredients. The curriculum is tailored to meet UK legal requirements and therefore covers only the herbal part of the traditional materia medica. The most common herbal components of TTM are listed (not exhaustively) below. Research is required to finalise identification of the Latin recognitions. The following are offered as current identifications.

| Tibetan Transliteration | Latin Recognition | Tibetan Transliteration | Latin Recognition |
|-------------------------|---------------------------------------|--------------------------|---|
| <i>A bhi kha</i> | <i>Fritillaria delavayi</i> | <i>Btsod</i> | <i>Rubia cordifolia</i> |
| <i>A 'bras</i> | <i>Mangifera indica</i> | <i>btsong sgog</i> | <i>Allium cepa</i> |
| <i>A byag</i> | <i>Chrysanthemum tatsiniensis</i> | <i>'bu su hang</i> | <i>Medicago archiducis</i> |
| <i>A ga ru</i> | <i>Aquilaria sinensis</i> | <i>bya pho tsi</i> | <i>Ceratostigma griffithii</i> C.B. Clarke |
| <i>A krong</i> | <i>Thalictrum aquilegifolium</i> Loeg | <i>bya rgod spos</i> | <i>brunonianum</i> <i>Delphinium</i> |
| <i>A krong 2</i> | <i>Arenaria Kansuensis</i> Maxim | <i>bya rgod spos</i> | <i>Delphinium chrysostrichum</i> |
| <i>A ru ra</i> | <i>Terminalia chebula</i> | <i>bya rgod sug pa</i> | <i>Anemone trullifolia</i> |
| <i>A sho</i> | <i>Mirabilis himalaica</i> | <i>bya rog nyung ma</i> | <i>Lancea tibetica</i> Hook |
| <i>A wa</i> | <i>Lloydia</i> | <i>byi bzung</i> | <i>Arctium lappa</i> |
| <i>Ar nag</i> | <i>Aquilaria agallocha</i> | <i>byi rug</i> | <i>Elscholtzia calyocarpa</i> Diels |
| <i>Aug chos</i> | <i>Incarvillia compacta</i> | <i>byi shang dkar mo</i> | <i>Stellaria yunnanensis</i> |
| <i>Autpal</i> | <i>Meconopsis torquata</i> | <i>byi tang ka</i> | <i>Embelia laeta</i> |
| <i>ba lu</i> | <i>Rhododendron primulaeflora</i> | <i>byis tsher</i> | <i>Xanthium sibericum</i> |
| <i>ba ru ra</i> | <i>Terminalia bellerica</i> | <i>byi'u la phug</i> | <i>Torularia humilis</i> |
| <i>ba sha ka</i> | <i>ba sha ka</i> | <i>byi'u srad</i> | <i>Polygala sibirica</i> |
| <i>'bam po</i> | <i>Pleurospermum</i> | <i>chu ma rtsi 1</i> | <i>Rheum pumilum</i> Maxim |
| <i>beedurya 'dra</i> | <i>Saussurea hieraciodes</i> | <i>chu ma rtsi 2</i> | <i>Polygonum hookeiri</i> Moisn |
| <i>bo te</i> | <i>Prunus sp.</i> | <i>chu rtsa</i> | <i>Rheum spiciforme</i> Royle |
| <i>'bra go</i> | <i>Phoenix dactylifera</i> | <i>chu rug</i> | <i>Cardamine macraphylla</i> Willd |
| <i>bra ma</i> | <i>Caragana brevifolia</i> | <i>chu sho</i> | <i>Acalypha australis</i> |

| Tibetan Transliteration | Latin Recognition | | Tibetan Transliteration | Latin Recognition |
|--------------------------------|---|--|--------------------------------|--|
| <i>brag lcam</i> | <i>Sedum tartarinowii</i> | | <i>da lis</i> | <i>Rhododendrom anthopodon</i> |
| <i>brag lcam 2</i> | <i>Bergenia ciliata</i> | | <i>'dam bu ka ra</i> | <i>Catabrosa aquatica</i> |
| <i>brag sgog</i> | <i>Allium sativum (wild)</i> | | <i>dar shing</i> | <i>Lepidium apetalum - wood</i> |
| <i>brag skya ha bo</i> | <i>Corralodiscus kingianus</i> | | <i>dar ya kan</i> | <i>Lepidium apetalum</i> |
| <i>'bri mog</i> | <i>Onosma hoolerii</i> | | <i>dbyi mong</i> | <i>Clematis rhederianum</i> |
| <i>'bri ta sa 'dzin</i> | <i>Lagotis brachystachya</i> | | <i>de ba</i> | <i>Corydalis melanochlora</i> |
| <i>'bri ta sa 'dzin 2</i> | <i>Fragaria orientalis</i> | | | |
| <i>'brug shing</i> | <i>Euonymas monbeigii</i> | | | |
| <i>dgu thub/rgu thub</i> | <i>Peucedanum praeruptorum Dunn</i> | | <i>go bye</i> | <i>Semecarpus anacardius L.</i> |
| <i>dngul sha ma</i> | No currently accepted Latin recognition | | <i>go snyod</i> | <i>Carum carvi</i> |
| <i>dngul tig</i> | <i>Cerastium arvense</i> | | <i>gres ma</i> | <i>Iris nepalensis (anthers)</i> |
| <i>dong ga</i> | <i>Cassia fistula</i> | | <i>gro ma</i> | <i>Potentilla fulgens</i> |
| <i>dpa' bo chen po</i> | <i>Panax ginseng C A May</i> | | <i>gser me</i> | <i>Herpetospermum pendiculolum</i> |
| <i>dpa' bo dkar po</i> | <i>Phytolacca acinosa esculenta</i> | | <i>gser phud</i> | <i>Luffa cylindrica</i> |
| <i>dpa' rgod</i> | <i>Curcuma zedoaria</i> | | <i>gser tig</i> | <i>Saxifraga montana</i> |
| <i>dpa' ser</i> | <i>Phytolacca acinosa Roxb.</i> | | <i>gu gul</i> | <i>Commiphora mukul</i> |
| <i>drag spos</i> | <i>Lepisorus soulieanus</i> | | <i>gur gum</i> | <i>Crocus sativus</i> |
| <i>'dre sha ma</i> | <i>Lycium chinense</i> | | <i>gur tig</i> | No currently accepted Latin recognition |
| <i>dug nyung</i> | <i>Chamaeneriom angustifolium</i> | | <i>gya' kyi ma</i> | <i>Chrysplenium carnosum Hook</i> |
| <i>dug srad</i> | <i>Astralagus strictus</i> | | <i>gyar mo thang</i> | <i>Primula fasciculata</i> |
| <i>dur ba</i> | <i>Cynodon dactylon</i> | | <i>gyer ma</i> | <i>Scrophularia dentata</i> |
| <i>dur byid</i> | <i>Euphorbia fischeriana</i> | | <i>gyer shing pa</i> | <i>Schrophularia dentata</i> |
| <i>dva ba</i> | <i>Arisaema sp.</i> | | <i>gza' dug</i> | <i>gza' dug</i> |
| <i>dza ti</i> | <i>Myristica ficafragens</i> | | <i>gze ma</i> | <i>Tribulus terrestris</i> |
| <i>ga bra</i> | <i>Rubus subomatus and other Rubus</i> | | <i>hong len</i> | <i>Lagetis yunnanensis</i> |
| <i>ga bur</i> | tiger camphor= <i>blumea balsamifera</i> and crystal camphor= <i>cinnamomum camphorum</i> | | <i>ja shing</i> | No currently accepted Latin recognition |
| <i>ga bur tis lo</i> | No currently accepted Latin recognition | | <i>'jam 'bras</i> | <i>Caesalpina crista L.</i> |
| <i>ga dur</i> | <i>Bergenia purpurascens</i> | | <i>'jib chen</i> | <i>Dracocephalum heterophyllum Benth</i> |
| <i>gandha bhadra</i> | <i>Cnaphalium affine</i> | | <i>'jib chen 2</i> | <i>Salvia Przewalskii Maxim</i> |
| <i>gang ga chung</i> | <i>Gentiana urnula</i> | | <i>ka bed</i> | <i>Curcubita pepo</i> |
| <i>ge sar gsum</i> | <i>Bombas malabaricum:</i> 1. stamen 2. calyx 3. corolla | | <i>ka ko la</i> | <i>Amomum tsao-ko</i> |
| <i>gla ba srad ma</i> | <i>Hedysarum</i> | | <i>ka randza</i> | <i>Caesalpinia crst L.</i> |
| <i>gla sgang</i> | <i>Cyperus scariosus</i> | | <i>kanda ka ri.</i> | <i>Rubus niveus Thumb.</i> |
| <i>glang ma</i> | <i>Salix thompsoni</i> | | <i>kham bu</i> | <i>Prunus sp.</i> |
| <i>glang sna</i> | <i>Pedicularis longiflora</i> | | <i>'khan pa</i> | <i>Artemisi sieversiana</i> |
| <i>gnyan 'dul ba</i> | No currently accepted | | <i>khrog chung ba</i> | <i>Lepidium apetalum</i> |

| Tibetan Transliteration | Latin Recognition | | Tibetan Transliteration | Latin Recognition |
|--------------------------------|---|--|--------------------------------|---|
| | Latin recognition | | | Willd. |
| <i>gnyan thub pa</i> | No currently accepted Latin recognition | | <i>khu byug pa</i> | Cypripedium tibeticum |
| <i>khur mong</i> | Taraxacum tibeticum | | <i>mon cha ra</i> | Quercus (acorns) |
| <i>khyi shing</i> | No currently accepted Latin recognition | | <i>mtshe ldum</i> | Ephedra equisetina |
| <i>khyung sder dkar po</i> | po Uncaria scandens (Smith) Hutch | | <i>myong tsi spras</i> | Coptis teetoides |
| <i>khyung sder smug po</i> | Saussurea stella Manim | | <i>na le sham</i> | Piper nigrum |
| <i>klung sho</i> | Rumex nepalensis | | <i>na rams</i> | Triglochia maritimum |
| <i>skyes kon pa gab</i> | Saussurea bodiueri | | <i>nad ma</i> | Cynoglossum wallichii |
| <i>ku sha</i> | Poa sp. | | <i>nags ma' thang chu</i> | No currently accepted Latin recognition |
| <i>ku shu</i> | Malus sp. | | <i>nye shing</i> | Asparagus filicinus |
| <i>kyi lce dkar nag</i> | nag Gentian straminea Marin (light form) and G. crassicaulis Duthie | | <i>'o se</i> | Pyrus pashia |
| <i>la la phud</i> | Foeniculum vulgare | | <i>'od ldan</i> | Saxifraga egregia |
| <i>lca ba</i> | Angelica sinensis | | <i>nim pa</i> | Azadirachta indica |
| <i>lcags kyu</i> | Corydalis sp. | | <i>'ol mo se</i> | Sinopodophyllum hexandrum |
| <i>lcags tig</i> | Gentianopsis grandis | | <i>'om bu</i> | Myricaria garmanica |
| <i>lcam pa</i> | Malva verticillata | | <i>pa to la</i> | Bletilla striata |
| <i>lcang ma</i> | Salix sp. | | <i>pad rtsa</i> | Nelumbo nucifera Gaertn |
| <i>lcum rtsa</i> | Rheum officinale Baill. | | <i>par pa ta</i> | Hypecoum leptocarpum |
| <i>ldum nag</i> | No currently accepted Latin recognition | | <i>phur mong</i> | Artemisia nestita |
| <i>le brgen</i> | Targetes erecta | | <i>pi pi ling</i> | Piper longum |
| <i>li shi</i> | Eugenica aromatica | | <i>pri yang ku</i> | Dracocephalum tanguticum |
| <i>lug chung</i> | Heteropapus crenatifolius | | <i>pu shel</i> | Dendrobium nobile |
| <i>lug mig</i> | Aster himalyicus | | <i>pushkar mu la</i> | Inula racemosa |
| <i>lug mur</i> | Phlomis younghusbandii | | <i>ra mnye</i> | Polygonatum cyrrhifolia |
| <i>lug ngal</i> | Corydalis adunca | | <i>ram bu</i> | Polygonum viviparum |
| <i>lug sho</i> | Oxyria dygina | | <i>re lcag</i> | Stellera chamaejasmae |
| <i>lung tang</i> | Sapindus mukorsii | | <i>re ral</i> | Dryanaria sinica |
| <i>ma gal</i> | Populus daviana | | <i>re skon</i> | Corydalis hendersonii |
| <i>ma nu</i> | Inula racemosa Hook | | <i>rgu drus</i> | Corydalis dasyptera |
| <i>ma ru rtse</i> | Butea monosperma | | <i>rgun 'brum</i> | Vitis vinifera |
| <i>mchin pa zho sha</i> | Entada scandens | | <i>rgya men</i> | Papaver sp. |
| <i>mdzo mo shing</i> | Caragana tibetica | | <i>rgya sgog</i> | Alium sativum (lower altitude) |
| <i>me tog ser chen</i> | Ixeris sp. | | <i>rgya sho</i> | Rumex crispus L. |
| <i>mkhal zho</i> | Canavalia Gladiata | | | |
| <i>rgya shug 'bras bu</i> | Juniperus formosana Hayata | | <i>shang tsher</i> | Orobanche alsatica |
| <i>rgya skyegs</i> | Lacifer lacca Kerr | | <i>shel ta</i> | Pinus tabulaeformis(resin) |
| <i>rgya spos</i> | Delphinium chysotrichum | | <i>Shing kun</i> | Ferula asafoetida |
| <i>ri sgog</i> | Allium atosanguinum | | <i>Shing mngar</i> | Gylcerrhiza uralensis |

| Tibetan Transliteration | Latin Recognition | | Tibetan Transliteration | Latin Recognition |
|--------------------------------|---|--|--------------------------------|--|
| <i>ri sho</i> | Ligularia vigaurea | | <i>Shing tsha</i> | Cinnamomum cassia |
| <i>rta lpags</i> | Lamiophlomis rotata | | <i>sho mang</i> | Rumex nepalensis |
| <i>rta rmig</i> | Viola biflora | | <i>shu dag</i> | Acorus calamus |
| <i>rtsa mkhris</i> | Saussurea graminea | | <i>shu mo za</i> | Trigonella foenum graecum |
| <i>Rtsad</i> | Pleurospermum sp. | | <i>shu ti</i> | Mentha arvensis |
| <i>ru rta</i> | Vladmiri souliei | | <i>shug tsher</i> | Juniperus formosana |
| <i>rug sgog</i> | Allium prattii | | <i>ske tshe</i> | Sinapsis sp. |
| <i>se 'bru</i> | Punica granatum (seeds only) | | <i>skyer ba</i> | Berberis wood |
| <i>se rgod</i> | Rosa sertata | | <i>skyer me</i> | Berberis jamesiana (flower) |
| <i>se yab</i> | Chaenomeles speciosa | | <i>skyi 'brum</i> | Sophora Davidii |
| <i>seng ge 'jigs med</i> | Silene sp. | | <i>skyu ru ra</i> | Phyllanthus emblica |
| <i>seng ldeng</i> | Rhamnella gilgitica | | <i>sle tres</i> | Tinospora sinensis |
| <i>sga chung</i> | No currently accepted Latin recognition | | <i>Smag</i> | Metroxylum sago |
| <i>sga sho</i> | Cremanthodium sp. | | <i>sman sga</i> | Alpinia officinalis |
| <i>sga skya</i> | Zingiber officinalis Rose | | <i>smug chung 'den yon</i> | Meconopsis henricii |
| <i>sga tig</i> | Androsace aizoon Duly var. coccinea Franch | | <i>smug cu gang</i> | Schizostachyum chinense |
| <i>sga tsha</i> | No currently accepted Latin recognition | | <i>sne'u 1</i> | Chenopodium album |
| <i>sgang thog pa</i> | Sisymbrium heteromallum | | <i>sne'u 2</i> | Amaranthus caudatus |
| <i>sgog skya</i> | Alium sativum | | <i>sngon bu</i> | Cyananthus sherifii |
| <i>sgron shing</i> | Pinus tabulaeformis, but also P.massoniana, P.yunnanensis, P.densata, P. griffithii, P. smithiana | | <i>snya lo</i> | Polygonum polystachium |
| <i>sha la yu ring</i> | Cremanthodium sp. | | <i>snyi ba</i> | Codonopsis convulvlacae |
| <i>Shang dril</i> | Primula sikkimensis | | <i>snying zho</i> | Choerospondia axillaris (Roxb.) Burtett Hill |
| <i>shang len smug po</i> | Eryophyton wallachii | | <i>so cha</i> | Randia dumetorum |
| <i>so ra</i> | Abelmoschu moschatus | | <i>tang ku 2</i> | Sinolimprichtia alquina |
| <i>sog ka</i> | Capsella bursa pastoris | | <i>tha ram</i> | Plantago depressa |
| <i>spa 'brum</i> | No currently accepted Latin recognition | | <i>thal rdor</i> | Cassia tora |
| <i>spa yag</i> | Lancia tibetica | | <i>thang khrag</i> | Abies spectabilis? |
| <i>Spang rgyan dkar</i> | Gentiana szechenyii | | <i>thang phrom</i> | Przewalskia tangutica Maxim |
| <i>Spang rgyan dkar 2</i> | Gentiana algida | | <i>ti mu sa</i> | No currently accepted Latin recognition |
| <i>Spang rgyan nag po</i> | Gentiana veitchiorum | | <i>tig ta</i> | Swerta chirayita |
| <i>Spang rgyan sngon po</i> | Gentiana stipitata | | <i>til</i> | Sesamum indicum |
| <i>Spang rtsi</i> | Pterocephalus hookerii | | <i>tsam pa ka</i> | Oroxylum indicum |
| <i>spen dkar</i> | Potentilla glabra | | <i>tsan dan</i> | Santalum album |
| <i>Spor</i> | Sedum sp. | | <i>tsar bong</i> | Artemisia desertorum |
| <i>spra thog</i> | Leontopodium franchetii | | <i>tsher sngon</i> | Meconopsis horridula |
| <i>spru ma</i> | Heracleum wallachii | | <i>tsi tra ka</i> | Capsicum frutescens |

| Tibetan Transliteration | Latin Recognition | | Tibetan Transliteration | Latin Recognition |
|--------------------------------|---|--|--------------------------------|-------------------------------|
| <i>Spyang dug pa</i> | Cirsium souliei | | <i>'u su</i> | Coriandrum sativum |
| <i>Spyang tsher</i> | Morina kokonorika Hao | | <i>yo 'bog</i> | Ulmus |
| <i>sra 'bras</i> | Syzgium cumini | | <i>yog mo</i> | Rabdosia rubescens |
| <i>srad ma rigs</i> | Astralagus sp. | | <i>yu gu shing</i> | Senecio soliagineous |
| <i>srin shing</i> | Daphne tangutica | | <i>yu mo 'de'u 'byin</i> | Paraquilegia microphya |
| <i>sro lo</i> | Pegaeophyton scapiflorum | | <i>yung ba</i> | Curcuma longa |
| <i>srog shing</i> | No currently accepted Latin recognition | | <i>zangs rtsi dkar</i> | Galium aparin |
| <i>sru ka</i> | Anemone rivularis | | <i>zangs rtsi nag</i> | Artemisia hedinii |
| <i>stabs seng</i> | Fraximus saureolans | | <i>zangs tig</i> | Swertai mussofi |
| <i>stag ma' me thog</i> | Rhododendron arboreum | | <i>zhim thig le 1</i> | Lagopsis supina [Steph] |
| <i>stag sha</i> | Oxytropis chiliophylla | | <i>zhim thig le 2</i> | Phlomis betonicoides Diols |
| <i>stang ri zil ba</i> | No currently accepted Latin recognition | | <i>zhim thig le 3</i> | Salvia roborowskii |
| <i>star bu</i> | Hippophae rhamnoides | | <i>zhim thig le 4</i> | Nepeta coerusens |
| <i>star ga</i> | Juglans regia | | <i>zhim thig le 5</i> | Stachys. sp |
| <i>su mi</i> | Corydalis yanhusuo | | <i>zhim thig le 6</i> | Galeopsis bifida Boenn. |
| <i>sug pa</i> | Solms-Laubachia earycarpia | | <i>zhim thig le 7</i> | Stachys kouyangensis (Vaniot) |
| <i>sug smel</i> | Elettaria cardamomum | | <i>zhim thig le 8</i> | Lamium amphexicaule |
| <i>tang ku</i> | Ledabouriella seseloides | | <i>zhim thig le 9</i> | Salvia wardii |
| <i>zhu mkhan</i> | Skimia multinerva | | <i>zla gor zho sha</i> | Entada phaseoloides |
| <i>zin tig</i> | Ajuga lupulina | | <i>zva' 'drum</i> | Urtica triangularis |
| <i>zir dkar</i> | Cuminum cymnum | | <i>zva phyi A yas</i> | Urtica tibetica |
| <i>zir nag</i> | Nigella glandulifera | | | |

Pharmacy and Clinical Training

Pharmacy and clinical training are covered in separate modules in the EHTPA core curriculum and will be provided in those contexts. Pharmacy training will prepare the student to recognise the various materia medica; understand the different qualities of plants of the same species growing in different environments; know when Materia medica are collected according to their destined purpose, how the materia medica are collected in order to best preserve their properties, how they are transported and stored; and, understand the proper processing and preparation of the medicinal compounds according to the established rules and formulae. Traditional Tibetan Medical practitioners and manufacturers are aware of good manufacturing practice and are moving swiftly to make GMP the standard for all herbal remedies used. They are similarly aware of the need to have Government certified GMP(CGMP), in manufacturing and importing businesses handling and manufacturing such remedies.

Traditionally, TTM trainees would be immersed in a clinical environment throughout their training. In order to emulate this as far as possible, students are to be encouraged to use every opportunity to observe medical practice from the start.

Assessment

Study

The principal means of assessment should be by written and oral examination. Educational institutions should endeavour to formulate these exams so as to prioritise understanding of principles, rather than simple memorisation. Nonetheless, it has been traditional to learn certain parts of the main rgyud bzhi text by heart, as the knowledge contained should be at the practitioner's fingertips at all times, being the very essence of the theory. In view of this, institutions should carefully consider the weighting to be given to this aspect.

Materia Medica Recognition and Pharmacy Training

This will be primarily subject to continued assessment during field trips and laboratory visits, with spot checks on field trips leading to points being subtracted from an overall total for wrong answers given. Written and oral examination on materia medica forms part of the general examination on study (above).

Clinical Practice

Competence will be judged by continuous assessment by supervising physicians during clinical training. This will require the supervising physicians to maintain a record of diagnoses offered and treatment suggested by the student during clinical training. Not all cases need be recorded but should cases be selected, that selection must be made before the student is asked to diagnose and not in retrospect. At least twenty per cent of the student's cases should be followed for assessment. Clinical examination will form part of the end of year and final examinations. This aspect of the assessment will be a critical factor determining the candidate's suitability to proceed to the next year or to qualify.

Exemptions

Educational institutions should provide a coherent policy with regard to exemptions for prior learning. They must satisfy themselves that candidates who are exempted from parts of their curriculum have covered the required material and achieved required learning outcomes.

After consultation with the world's major TTM teaching institutions clear guidelines on this issue will be set out by the UK governing body on TTM. The governing body will have the power to annul any granted exemption it deems unjustified.

Indicative Reading

Akong, Rinpoche, 1994. Taming the Tiger. London: Rider.

Arya, Dr Passang Yonten, 1998. Dictionary of Tibetan Materia Medica. Delhi: Motilal Banarsidass.

Avedon, John F., Meyer, Fernand, Bolsokhoeva, N.D., Gerasimova, K.M., Bradley, Tamdin S., 1998. Buddha's Art of Healing. New York: Rizzoli International Publications.

Bradley, Dr Tamdin S., 2000. Principles of Tibetan Medicine. London: Thorsons.

Clifford, Terry, 1984. Tibetan Buddhist Medicine and Psychiatry. York Beach: Samuel

Weiser. Dalai Lama, Howard C. Cutler, 1999. Art of Happiness. London: Hodder & Stoughton.

Doctor Dawa, 1999. Clear Mirror of Tibetan Medicinal Plants. Rome: Tibet Domani.

Donden, Dr. Yeshe, 1986. Health Through Balance. Ithaca: Snow Lion Publications.

Meyer, Fernand, 1996. Theory and Practice of Tibetan Medicine. Oriental Medicine

An Illustrated Guide to Asian Arts of Healing. Boston: Shambala.

Phuntsog, Dr Smanla T., 2006. Ancient Meteria Medica. Delhi: Paljor Publications.

Sogyal, Rinpoche, 1992. Tibetan Book of Living and Dying. London: Rider.

Footnotes to 8th Module, Tibetan Herbal Medicine

1. This term refers to one of the fundamental principles of TTM, a field of study that is both vast and subtle. As there is nothing resembling this in modern allopathic medicine, it is impossible to find an adequate English translation and the westernised transcription of the Tibetan has been given here. A very approximate translation could give "agents" when they are in their healthy, unaltered state and pathologia when they have altered. (see OED) .
2. Eminent authorities, such as HH the Dalai Lama and Prof Khenpo Troru Tsenam in Lhasa, have insisted that TTM stands perfectly in its own right as a medical system without the Buddhist element and that the prayerful, religious component is an "added value" but not a necessity. Therefore making these an option rather than a requirement seems to pose no problem to the main holders of the traditions. The time devoted to these is not included in the study hours cited above.
3. See list of principal herbs (not exhaustive) used in Materia Medica section below
4. Much long-term research is required to ascertain the exact nature of each illness categorised in the Tibetan medical system in order to find equivalences in the Western medical classification wherever possible, and to establish the right terminology. This

work is presently underway.

5. At this early stage, tentative equivalents are sometimes given in brackets as indications, without certainty.
6. (See the Note on Principles of TTM and terminology). This section shows disorders caused by the disruption of each one of the three Nyes Pa . These can be viewed as key pathologies since all illnesses are due to a disturbance of the basic balance between the three agents which make up the body and ensure the functioning of all body systems.

Words of My Perfect Teacher by Patrul Rinpoche translated by Padmakara Translation Committee Harper Collins 1994

7. Words of My Perfect Teacher by Patrul Rinpoche translated by Padmakara Translation Committee, Harper Collins, 1994
8. Affected by the Convention on International Trade in Endangered Species, allowed if traded with the appropriate trade permits OR non-plant materials as, under UK law, non-plant traditional medicines fall outside the remit of the licensing exemption granted to herbs by the 1968 Medicines Act OR restricted under SI 2130 Schedule 111, 1974 OR banned for use in unlicensed medicines by Act of Parliament.

Element 8: Western Herbal Medicine (Revised 2014)

Introduction

This section describes the key subjects in Western Herbal Medicine (<http://ehtpa.eu/>): the studies of the materia medica and of therapeutics.

While it is appreciated that there are diverse interpretations and approaches possible within the term 'Western Herbal Medicine' (WHM), It is possible to identify underlying principles of therapeutics which are shared by current scientific and traditional modes of herbal practice. The module descriptors for herbal therapeutics and materia medica employed by herbal practitioners are based on the recognition of these common principles and encourage individual programmes for the BSc Herbal Medicine to establish the substantiation, differentiation and justification of their approach within the required comparative study and critical evaluation of documented treatment strategies.

Shared principles in the therapeutic strategies described here reflect the latest scientific approach of current functional medicine and their vitalistic counterparts in the theories dominant in the history of WHM, including physiomedicalism and eclecticism, and their source in Graeco-Arabic medicine. Modern concepts stress the relationship between the various systems of the body. This in turn has conceptual links with the unity of the organism originating in Hippocratic medicine in the West. These concepts are a modern reflection of the notion of the vital force.

Homeostasis is a re-interpretation of the idea of forces in dynamic balance determining the individual constitution. Health is regarded as positive vitality for the promotion of well-being and ultimately quality of life and not just the absence of disease. The constitution and its predisposition to disease may be assessed by evaluation of neuro-endocrine balance as the manager of the 'terrain' and of psycho-social factors influencing health. This includes an appreciation of the physical, mental/emotional and spiritual presentation of the individual in relation to traditional typologies, leading to preventive strategies and treatments.

Diagnosis is initially biomedical, and in itself constitutes an aspect of safe practice, whereby the practitioner determines whether the condition is within their competence to treat. The content of other modules of the Core Curriculum indicates the importance of inclusion of biomedical and pharmacological understanding. Therapeutic strategies may be formulated, integrating these factors as dominant components of a treatment plan for the individual and their symptoms. The systems of the body are evaluated according to the principles of functional medicine or the 'symptom-pictures' and tissue-states of traditional medicine. The treatment plan requires consideration of negative environmental factors and exploration of diet and lifestyle choices. In therapeutics, the practitioner draws on the findings of current and traditional assessments and includes awareness of the respective roles of reasoning and their own developing tacit knowledge in prescribing and treatment.

Students need to be clear about the ethos of the approach presented by their institution. This should be explicit, integrated throughout the course, justified and referenced. It will allow students to consider their clinical practice and its underpinning theory from an informed perspective and to relate it to the context of other modalities in herbal medicine and in the wider health field.

WHM aspires to empathetic patient-centred care, values the patients' lived experience of their condition, considers the wider psycho-social aspects of their situation, encourages patients to share their ideas and seeks mutual participation in decision-making to foster patients' sense of autonomy and empowerment while continuing to provide care and support for them. The herbal practitioner encourages patient self-care and health promotion.

Materia medica

- a) Each educational institution defines, provides a rationale for, and publishes the *materia medica* that is appropriate for its learning and teaching needs and to ensure that its graduates are safe and competent practitioners.
- b) The *materia medica* takes account of:
 - The lists of herbs developed by the relevant UK Professional Bodies
 - The relevant UK and European legislation
 - Adverse event reporting systems
 - Restricted substances
 - Endangered species and the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES)
 - Other relevant conventions and codes of practice

Aims

The aims of this module are to foster in the student an understanding of the use of plant medicines, a broad and lifelong interest in medicinal plants and an appreciation of the issues surrounding their conservation and sustainability, and to ensure that the student obtains a sound knowledge of medicinal plants, utilising evidence bases, empirical approaches and historical sources.

Learning Outcomes

By the end of the course the student will be able to:

- 1
 - a) Recognise a wide range of medicinal plants;
 - b) identify a wide range of medicinal plants, both growing and dried;
 - c) demonstrate knowledge of basic botany and explain the taxonomy and morphology of medicinal plants.
- 2 Classify plants according to their actions (e.g. demulcent, astringent, adaptogenic, anti-inflammatory) and range of active constituents and relate the action of an individual herb to its indications in treatment.
- 3 Explain the pharmacological actions of medicinal plants on the body in health and disease and identify which specific tissues, organs, physiological systems and neuro-endocrine or constitutional factors are affected by administration of a given medicinal plant.
- 4 Explain and justify the relative merits of the use of whole plant preparations, standardised extracts and isolated plant constituents and essential oils and of the administration of herbal simples and/or complex herbal prescriptions.
- 5 State in detail the extracts and dosage ranges of the medicinal plants studied, including Schedule 20 herbs, their possible adverse effects, toxicity and contra-indications, and empirical evidence for and theoretical considerations of their interactions with conventional drugs, to ensure safe practice.
- 6 Critically discuss the use of native and non-native herbal remedies, the merits of organic and wild-crafted herbs and identify conservation issues as they relate to herbal medicine via organisations such as CITES (Convention on International Trade in Endangered Species, <http://www.cites.org/>).

7 Critically evaluate the wide range of sources of information on plant medicines.

Outline of syllabus contents

The study of individual plant medicines:

Development of the student's skills with the important tool of botany, in the use of botanical reference material and in the field identification of plants, via the teaching of plant taxonomy, morphology and physiology and also the role played by taste, smell and touch in identifying plants.

Pharmacognosy, including quality control measures and phyto-chemistry with respect to whole plant preparations, standardised extracts and isolated plant constituents; ensuring correct species identification, chemical analysis and formulation, and the detection of adulteration and substitution.

Modern phyto-pharmacology and traditional assessment of medicinal herbs, their primary qualities (e.g. hot, cold, dry & moist; neuro-endocrine properties) and secondary qualities (of taste and smell) that constitute the basis for their actions and indications and the understanding of the individual's response to the remedy.

Safe herbal practice, the indications, posology, contra-indications and potential toxicity of medicinal herbs, including Schedule 20 herbs; pharmaco-vigilance and empirical evidence for and considerations of herb-drug interactions.

Knowledge of plant medicines informed by clinical experience, and the development of awareness of such factors as herb combinations and synergistic potential in prescribing. Discussion of issues surrounding the conservation and sustainability of medicinal plants, and of the use of native and non-native plants.

Herbal Therapeutics

Aims

To enable students to attain competence in the clinical application of the herbal materia medica by using appropriate diagnostic approaches from the biomedical to the constitutional, to develop treatment plans for individual patients and for a range of conditions within a holistic framework and a safe and ethical practice. To impart understanding of the philosophical and theoretical rationales underpinning Western herbal therapeutics, with primary focus on the ethos of the individual institution.

Learning outcomes

By the end of the course the student will be able to:

1. Show a critical understanding of the varying philosophical and theoretical bases for the practice of Western Herbal Medicine.
2. Assess the individual patient according to the fundamental principles of herbal therapeutics and construct and justify a treatment plan, adapted to the patient's specific imbalances and constitution and taking into account any conventional or other concurrent treatments.
3. Monitor the progress of patients and revise the treatment plan accordingly, taking into account any side-effects and adverse reactions, and evaluate the therapeutic outcomes of the treatment.
4. Identify and discuss the factors involved in selecting appropriate dosages of herbs in the management of specific treatment groups and conditions, such as dosages for the elderly, children and infants.
5. Recognise the limits of herbal treatment and the herbalist's own competence to treat; show an awareness of contra-indications and be able to refer when necessary and to liaise with other health professionals towards the shared care of a patient.

Outline of syllabus contents

1. History and philosophy:

Graeco-Roman-Arabic origins and other early herbal traditions, European practice through medieval, Renaissance and Early Modern periods, folk medicine and self-care, influences from other herbal traditions, UK herbal history of the nineteenth and twentieth centuries underpinning modern practice styles, complementary and integrated health care, legislation and professional regulation.

2. Fundamental principles:

- a. Functional disturbance underlying the development of organic lesions is fundamental to herbal therapeutics.
- b. There is diversity in the approaches which herbalists take in the assessment and treatment of a patient. Central to most of these is the concept of the vital force (supporting physiology and the body's own self-healing rather than suppressing pathology).
- c. Assessment is patient-centred: a global approach, involving conventional diagnosis, assessment of physiological factors (listed below) and their antecedents, triggers and mediators; homeostasis as dynamic balance. The holistic evaluation by the herbalist may also include, for instance, traditional concepts of temperament, circulatory dynamics, and the balance of heat and cold.

d. The web of inter-relationship of anatomical and physiological factors underlying imbalance include:

- i. The gut axis
- ii. Immunity/inflammation
- iii. Environment (such as diet and exercise)
- iv. Detoxification
- v. Circulation/lymphatics
- vi. Oxidative stress/energy production
- vii. Neuroendocrine
- viii. Psychological (including emotions, stress, affective disorders)
- ix. Structural (such as musculoskeletal, cell structure)

3. Therapeutic Strategies:

a. Treatment of dysfunction in body systems (cardiovascular, respiratory, digestive, reproductive, nervous, musculoskeletal, urinary and integumental) as:

- i. constitutional imbalances or symptoms of present disease
- ii. targeted treatment of pathological states based on phyto-pharmacological evidence

b. Specific regulation in functional medicine of

- i. GIT: ingestion, digestion, absorption and excretion; gut flora, mucosal integrity, GALT etc
- ii. Immune function: inflammatory problems, immune deficiency, autoimmunity, allergy, chronic disease, e.g. cardiovascular.
- iii. Environment impacts: dietary deficiency/excess, lack of or excessive exercise, (see Nutrition module); factors such as exposure to external pathogens, toxins, parasites, radiation; circadian rhythms; meteorology; diurnal and seasonal fluctuations of hormones or humours.
- iv. Detoxification: gut-liver axis, phase 1 and 2 biotransformation, promotion of function of organs of elimination (liver, kidneys, bowel, skin, lungs).
- v. Circulatory problems: circulation of blood/lymph, perfusion of tissues.
- vi. Oxidative stress; energy deficit including mitochondrial function.
- vii. Neuroendocrine problems:
 - 1) ANS imbalances: sympathotonia, vagotonia
 - 2) Hypothalamic-pituitary-adrenal axis: stress/adaptation
 - 3) Glucose control and insulin resistance: metabolic syndrome
 - 4) Gonadal axis: disorders of the female and male reproductive system
 - 5) Thyroid axis: hyper- and hypothyroidism

c. Treatment of special groups of patients, including paediatric, geriatric and in pregnancy

4. The herbalist's therapeutic approach may be augmented by recourse to a traditional

expression of constitutional treatment. For instance:

a. A humoral strategy:

- i. Regulation of the 'six non naturals'¹ appropriate for the individual patient
- ii. Treatment designed according to the temperament and constitution of the patient, including organ inferiorities², to the divergence into overall humoral imbalance of the disease state and to the vital capacity of the patient
- iii. Management of plethoric (fullness of humours giving rise to chronic inflammation) and deficiency (lack of vitality) syndromes
- iv. Restoration of healthy functioning of individual organs and systems according to symptom complexes identified (signs of excess heat or cold expressing over- or under- activity, and of over-contracted or over-relaxed states)

b. physiomedicalism:

A range of North American herbs continue to be used in WHM in Britain, and this practice arises from the interplay between Thomsonian³, Eclectic⁴ and Physiomedical⁵ practice in nineteenth century America and Britain. Herbal practitioners built on this limited range of herbs, and integrated many North American herbs into their practice. Physiomedical practitioners sought to refine and develop Thomsonian ideas, and the core of their philosophy was the concept that the vital force flows through the tissues, and disease arises when the flow is impeded. Herbs can be used to heal tissues or promote tissue function such that the 'flow of vital force' is improved.

The therapeutic strategy therefore depends on an assessment of the:

- i. Constitution: what the medical history suggests about the overall vitality and relative strengths and weaknesses of that person.
- ii. Vitality: the level of vital energy of the patient, in particular, the relative heat or coldness.
- iii. Trophic state: the relative congestion or depletion of tissues and organs.
- iv. Tissue function: the extent to which symptoms suggest that each bodily function eg urinary function is as it should be for that person. Is it over or under-active; tense and irritable or relaxed and sluggish?
- v. Symptoms are perceived as the body's attempt to resolve the condition, and thus the choice of herbs relies on the particular symptoms in that patient, rather than the diagnosis

¹ Air, food & drink, balance of wakefulness and sleep, activity and rest, evacuation and retention of waste products and the effects of mind and the motions on the body. G.Tobyn (2013) Culpeper's Medicine. London: Singing Dragon, pp.128-60.

² Inherited, congenital or acquired disease or weakness of the major organs of the body.

³ The focus of the Thomsonian approach was on management of acute disease by promoting vigorous circulation, perspiration, digestive and urinary function.

⁴ Eclectic practitioners sought to increase their reliance on American herbs, and gave prominence to the clinical experience of individual practitioners.

⁵ This was based on widespread contact with Native Americans, and built on their use of sweat lodges, and external and internal use of medicinal plants. The methods were also based on European practices and herbs introduced by settlers, and equally considered the treatment of chronic disease.

These principles, albeit in a somewhat tacit form, are already found in modern herbal practice, but use of the physiomedical approach enables the process of learning to prescribe to be more explicit. Secondly, the student becomes aware of our clinical tradition which has been substantially influenced by American practice, and to think more carefully about the geographical and philosophical source of each herb in a prescription. It is now possible to source nineteenth century Thomsonian, Eclectic and Physiomedical textbooks online which can add substantially to understanding of the actions of herbs.

- c) A third example briefly lays out the therapeutic strategy of an endobiogenic approach:
 - i. A global systems approach to human biology.
 - ii. Therapeutics based not on control but on the modification of physiology.
 - iii. Focus on the neuroendocrine system as the 'manager' of the terrain.
 - iv. The importance of 'drainage' of the organs of elimination.
 - v. The use of herbs and essential oils to correct endobiogenic imbalances.

Indicative Reading

Students will be directed to an extensive library resource including primary and secondary reference sources, including journals, databases and e-books. The following list indicates key texts and websites for initial reference.

Arikha N. (2007) *Passions and Tempers: A History of the Humours*. New York, NY: HarperCollins Publishers.

Beck, L.Y. (2005) *Pedanius Dioscorides of Anazarbus: De materia medica*. Hildesheim: Olms-Weidmann.

Bisset, N.G. (ed). (2001). *Herbal Drugs and Phytopharmaceuticals* (2nd ed). Stuttgart: Medpharm Scientific.

Blamey, M., et al. (2003) *The Wild Flowers of Britain & Ireland*. Pub: A & C Black Publishers Limited

Bone K and Mills S.(2013) *Principles and Practice of Phytotherapy: Modern Herbal Medicine*, 2nd Edition. Edinburgh: Churchill Livingstone Elsevier.

Culpeper's *Complete Herbal* (1995). Ware, Herts: Wordsworth Editions Ltd.

Duraffourd, C. & Lapraz, J.-C. (2002) *Traité de phytothérapie clinique*. Paris: Masson.

Francia S. and Stobart A. (Eds.) (2014) *Critical Approaches to the History of Western Herbal Medicine*. London: Bloomsbury.

Jones, D. (ed.) (2010) *Textbook of Functional Medicine*. Gig Harbor, WA: Institute for Functional Medicine.

Kuriyama, S. (2002). *The Expressiveness of the Body and the Divergence of Greek and Chinese medicine*. New York, N.Y.: Zone Books.

Lapraz, J.-C. & Hedayat, K. (2013) *Endobiogeny: A Global Approach to Systems Biology* (part 1). *Global Advances in Health and Medicine*, 2(1): 64-78.

Lapraz, J.-C., Hedayat, K. & Pauly, P. (2013) *Endobiogeny: A Global Approach to Systems Biology* (part 2). *Global Advances in Health and Medicine*, 2(2): 32-56.

Pitman, Vicki, (2006) *The Nature of the Whole, Holism in Ancient Greek and Indian Medicine*. New Delhi: Motilal Barnasidass.

Priest, A. & Priest, L. (1982) *Herbal Medication*. Saffron Waldon: C.W. Daniel.

Rose, F., (2006). *The Wild Flower Key*. (updated edition). Pub: Warne.

Roy Upton et al. (Eds) (2011) *American Herbal Pharmacopoeia: Botanical Pharmacognosy – Microscopic Characterization of Botanical Medicines*. Boca Raton, FL: CRC Press

Santich, R. & Bone, K. (2008) *Healthy Children*. Warwick, Queensland: Phytotherapy Press.

Stargrove, M.B., Treasure J. and McKee D.L., (2008), *Herb, Nutrient and Drug Interactions*.

Mosby Elsevier

Stern, K. (2010) Introductory Plant Biology (12th ed.). Pub: McGraw-Hill

Tisserand, R & Young, R. Essential Oil Safety. 2nd ed. Edinburgh: Churchill Livingstone; 2014.

Tobyn G. Denham, A. & Whitelegg M. (2011) The Western Herbal Tradition: 2000 years of medicinal plant knowledge. Edinburgh: Churchill Livingstone.

Trickey, R. (2012) Women, Hormones and the Menstrual Cycle (3rd ed.): Melbourne: Melbourne Holistic Health Group.

Weiss, R.F. (2001) Weiss's Herbal Medicine: Classic Edition. Stuttgart: Thieme.

Williamson, E; Driver, S; Baxter, K. (Eds.) (2008) Stockley's Herbal Medicines Interactions: A guide to the interactions of herbal medicines. 2nd ed. Pharmaceutical Press, UK.

Wood, M. (2008) The Earthwise Herbal: A Complete Guide to Old World Medicinal Plants. North Atlantic Books, Berkeley, CA.

Websites

American Botanical Council, <http://abc.herbalgram.org/site/PageServer>.

M. Grieve (1931)

A Modern Herbal, available at <https://www.botanical.com/botanical/mgmh/mgmh.html>. [last accessed 28/3/2014]

Institute for Functional Medicine website: <https://www.functionalmedicine.org>

Convention on International Trade in Endangered Species (CITES): www.cites.org
(worth checking out if you are planning on using any herbs that may be endangered and on the CITES list).

Plantlife: www.plantlife.org.uk/. (A wild plant charity, which carries out plant species and habitat conservation, owns and manages nature reserves, campaigns, and raises awareness of conservation issues).

<http://www.kew.org>. The Plant List (new version 2014)

Module 9: Clinical Practice
Minimum Hours: 500
Minimum Level : 6

Outline of Syllabus Contents

During clinical practice, students will develop the skills required of a herbal and traditional medicine practitioner. At first these skills will be practised with close supervision and support, but increasingly the students will be encouraged to formulate their own decisions regarding the diagnosis and treatment and the progress of the patient's healing and recovery.

Codes of Ethics and Practice

The Codes of Ethics and Practice of the relevant professional body will apply throughout clinical practice. A Clinical Training Handbook must be provided for each student.

Aims

To develop in students the full range of clinical skills under the careful supervision of an experienced herbal and traditional medicine practitioner(s), including developing a herbal/traditional medicine treatment strategy, dispensing herbal medicines, dispensary management, health and safety aspects and practitioner development issues.

To motivate students to continue learning and studying by observing beneficial outcomes of treatment.

Learning Outcomes

A. Reflective Practice

Reflective Practice Standard 1 herbal practitioners recognise and understand that they always operate within a set of contexts influenced by legal, political, societal and cultural considerations, which will impact on their practice.

1. Recognises the need to reflect on practical experiences and develop the skills of reflection
2. Competently reflects upon their own practice and demonstrates the ability to learn from reflection in order to identify their practical, personal and professional developmental needs

B. Diagnosis and Treatment

Diagnosis and Treatment Standard 1: Herbal and traditional medicine practitioners gather information from patients using a variety of methods including case history, observation using all the senses, physical examination, constitutional assessment and, where appropriate, laboratory testing.

Learning outcomes

1. are competent at gathering relevant information, using verbal and non-verbal communication, to build an accurate and holistic picture of the patient.
2. can undertake an accurate physical assessment of the patient.
3. must recognize the relevance of information from other diagnostic systems to their assessment of the patient.

Diagnosis and Treatment Standard 2: Herbal and traditional medicine practitioners aim to identify the underlying causes of illness and disease, using one or more of a variety of conceptual frameworks, according to their philosophical and therapeutic standpoint and experience.

Learning outcomes

1. demonstrates the ability accurately to draw on knowledge from a variety of different conceptual frameworks when determining the underlying causes and patterns of disease.
2. can form a valid initial working hypothesis based on their diagnostic framework in order to come to a safe and effective treatment rationale and plan.
3. can demonstrate the ability constantly to develop and modify their working hypothesis in the light of further information and/or changes in the patient's condition.

Diagnosis and Treatment Standard 3: Herbal and traditional medicine practitioners formulate and implement, in partnership with the patient, an herbal prescription and treatment plan, which meets the specific needs of the individual patient and aims to support the body's own homeostatic processes and healing ability, alleviate imbalances and restore health as far as is achievable for each patient.

Learning outcomes

1. can formulate safe and appropriate herbal prescriptions and treatment plans which relate to the interpretation and analysis of information gathered during the initial consultation, and the diagnostic hypothesis.
2. formulate a comprehensive herbal prescription and treatment plan and a considered prognosis that takes into account the whole person.
3. can dispense the herbal formula safely and accurately.
4. can communicate their findings with the patient effectively and agree a treatment plan/strategy, for which they obtain informed and valid consent.
5. can change and adapt the prescription and treatment plan appropriately, according to perceived changes and developments in the patient's condition or situation over time.
6. will recommend and promote appropriate self-help strategies in order to support the treatment plan and encourage the most effective improvement for the patient.

Diagnosis and Treatment Standard 4: Herbal practitioners maintain an up-to-date knowledge of the uses and effects of the more commonly used drugs; prescribed, over-the-counter (OTC) and recreational, and of the likelihood of interactions with herbal treatment. Herbalists are constantly aware of the potential for herb-drug interactions, and also for adverse reactions to herbal treatment, and document and report any such events, in order to enhance knowledge and awareness in both the herbal and the conventional medical professions.

Learning outcomes

1. demonstrates an understanding that the potential for herb-drug and other interactions is always present and keeps this always in mind when assessing and prescribing.

C. Communications and interaction

Standard Communications and Interaction 1: Herbal and traditional medicine practitioners offer empathic, effective and ethical interaction and communication with patients, carers, colleagues and other healthcare professionals.

Learning Outcomes

1. consistently establish and maintain rapport with patients, carers or prospective patients and also with colleagues and other healthcare professionals.
2. communicate and interact ethically with patients, carers, prospective patients and colleagues with clarity, sensitivity and empathy.
3. recognise, develop, maintain and use their power as an enabler of healing.

Standard Communications and Interaction 2: Herbal and traditional medicine practitioners provide relevant and appropriate information to patients, carers or prospective patients on aspects of diagnosis and treatment to enable informed choices to be made; and also to other healthcare professionals, members of the public, public bodies and organisations.

Learning Outcomes

1. clearly communicate their understanding of the possible combinations of aetiological and pathological factors involved in the development of ill health and disease, and their treatment plans for the patient.
2. inform patients and prospective patients both preceding and after treatment of what to expect in coming for treatment, how to be best prepared for treatment and the effects of treatment(s).
3. are able to inform, instruct, advise and offer professional opinion to patients and /or carers, colleagues and other healthcare professionals about treatments and aspects of lifestyle which may be harmful or beneficial to the health of the patient.

D. Safety

Safety Standard 1: Herbal and traditional medicine practitioners generate a safe environment for the patient and themselves.

Learning Outcomes

1. should consistently demonstrate safe practice in all aspects of patient management and treatment
2. interact with other healthcare professional so that the patient's best interests are maintained.
3. keep appropriate accurate and confidential records of their practice and treatments
4. communicate with patients showing awareness of the emotional impact of that interaction on the patient and themselves
5. Maintain patient confidentiality
6. seek to maintain their own health and do so by setting appropriate boundaries and managing the environment in which they work and in the way they work

E. Operate an effective, legal and professional practice

Professional and legal Standard 1: Herbal and traditional medicine practitioners operate an effective, legally and professionally sound practice

Learning Outcomes

1. consistently practices in compliance with the law and with regulatory and professional body requirements
2. demonstrates a critical awareness of legal and ethical issues and requirements relating to children and vulnerable adults.

Professional and legal Standard 2: Herbal and traditional medicine practitioners ensure that the dispensing of the herbal and traditional medicine they prescribe is done in accordance with the current legal and regulatory requirements

Learning Outcomes

1. operates and manages their dispensary in compliance with the law
2. demonstrates and understands the implications of commissioning or purchasing herbal medicine from a third party