



**European Herbal & Traditional Medicine
Practitioners Association**

**THE CORE CURRICULUM FOR
PROGRAMMES RECRUITING
ACUPUNCTURISTS FROM BAAB
ACCREDITED COURSES**

Producing Safe and Competent Practitioners

**FIRST EDITION
December 2011
Updated February 2016**

A Note on the Abbreviated Curriculum and Exemptions

This curriculum is designed specifically for Acupuncturists qualifying from BAAB accredited courses. For all other applicants, educational institutions must provide a coherent policy and auditable process with regard to exemptions for prior learning. Educational institutions must satisfy themselves that candidates who are exempted from parts of the curriculum have covered the required material and achieved the required learning outcomes.

Agreed by the Education Committee of the European Herbal & Traditional Medicine Practitioners Association 2011

This updated edition contains the revisions to the Diet and Nutrition module and to the requirements for the *materia medica*.

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Introduction

This document contains the abbreviated Core Curriculum of the European Herbal and Traditional Medicine Practitioners Association.

This abbreviated Core Curriculum is applicable to education and training programmes in Chinese herbal medicine designed specifically for practitioners qualifying from BAAB accredited acupuncture programmes.

The abbreviated 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 Chinese 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 abbreviated 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 EHTPA encourages institutions to develop programmes within the framework of the abbreviated 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 Chinese herbal and traditional medicine practice.

Contents

The abbreviated Core Curriculum consists of the following five modules:

Module 2.	Nutrition
Module 4.	Plant Chemistry and Pharmacology
Module 5.	Pharmacognosy and Dispensing
Module 8.	Tradition specific curriculum content
Module 9.	Clinical Practice

Mandatory curriculum content for each tradition is produced by the appropriate professional body/ies and is recommended to the EHTPA for consideration and final adoption.

Study Time

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

MODULE	HOURS
Human Sciences	0
Nutrition	40
Clinical Sciences	0
Plant Chemistry and Pharmacology	80
Pharmacognosy and Dispensing	100
Practitioner Development and Ethics	0
Practitioner Research	0
Clinical Practice	450
The Specific Herbal Tradition	986
TOTAL	1656

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.

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.

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;

- Both formative and summative assessment is incorporated within modules;
- 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.

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. By the end of their supervised clinical practice students must be able to demonstrate that they are ready to practise herbal medicine independently.

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

Module 2: Diet and Nutrition (Revised April 2012)

Minimum Hours: 40

Minimum Level: 4

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:

1. Identify the need for, and functions of, a range of key macronutrients and micronutrients and the metabolic processes involved.
2. Recognise the possible interactions between foods, additives, herbal supplements and drugs, and the dietary and nutritional effects of interactions.
3. Recognise the terminology used in Western dietetics and nutrition in the context of the similarities and differences between dietary approaches and assessment/diagnostic methods.
4. Discuss the health problems linked to inappropriate intake of key nutrients in individuals and populations of the Western world.
5. Describe dietary and nutritional needs at different stages of individuals' growth and development.
6. 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 dieticians, 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)

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

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

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

Module 4: Plant Chemistry & Pharmacology

Minimum Hours: 80 hours

Minimum Level: 5

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.

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

Minimum Level: 5

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.

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 stocktaking, 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 Livingstone.

*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 Livingstone

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

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.

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Module 8: Tradition Specific Curriculum Content

Minimum Hours: A minimum of 986

Chinese Herbal Medicine

1. Aims
2. Outcomes
3. Curriculum content including Means of Assessment, Notes on Terminology and Indicative Reading

1. 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.

2. 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

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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.

3. CURRICULUM CONTENT

The curriculum content comprises:

SECTION A: Theories, methods, diagnosis, treatment

- 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

Notes on Terminology

Indicative Reading

SECTION A: THEORIES, METHODS, DIAGNOSIS, TREATMENT

PART VI Methods of Treatment

(2) Methods of Treatment (*zhi fa*): the Eight Methods (*ba fa*)^{1*}: 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.

*: For an explanation of the index number, see Notes on Terminology on p.33.

INTERNAL MEDICINE (*nei ke*)

NB Differentiation of common diseases is covered on a TCM acupuncture course, but some further learning about detailed differentiation takes place on a CHM Course.

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*)
- Stye (*zhen yan*)
- Tearing patterns (*liu lei zheng*)

Fluid and Blood Disorders

- Water swelling (*shui zhong*) (including oedema of various aetiologies)
- Sweating (*han*)
- Phlegm (*tan*) disorders (the role of Phlegm in a broad range of diseases)
- Blood stasis (*yu xue*) (the role of Blood stasis in a broad range of diseases)

Mental and Emotional

- Insomnia (*bu mei*)
- Palpitation (*xin ji*) (including anxiety states)
- Depression patterns (*yu zheng*)
- Mania and withdrawal (*dian kuang*)

Oncology

- Basic theory
- Supportive treatments

Metabolic disorders

- Diabetes
- Thyroid disease

Immune deficiency and auto-immune disorders

- Chronic Fatigue Syndrome
- Lupus erythematosus
- HIV and AIDS

GYNAECOLOGY (*fu ke ji bing*)

- Menstrual irregularity (*yu jing bu tiao*)
- Uterine bleeding (*beng lou*)
- Amenorrhoea (*bi jing*)
- Dysmenorrhoea (*tong jing*)
- Leukorrhoea (*dai xia*)
- Pre- and post-menopausal patterns (*jing jue qian hou zhu zheng*)
- Infertility (*bu yun*)
- Abdominal masses (*zheng jia*)
- Uterine prolapse (*zi gong tuo chi*)
- Premenstrual syndrome
- Endometriosis
- Pelvic inflammatory disease
- Polycystic ovaries

Obstetrics

- Precautions in using herbs during pregnancy
- Morning sickness (*ren chen e zhu*)
- Threatened miscarriage (*xian zhao liu chan*)
- Difficult delivery (*nan chan*)
- Insufficient lactation (*ru shao*)
- Postnatal depression

PAEDIATRICS (*xiao er za bing*)

- Infantile diarrhoea (*xiao er xie xie*)
- Infantile convulsions (*xiao er jing feng*)
- Enuresis (*yi niao*)
- Mumps (*zha sai*)
- Measles (*ma zhen*)
- Respiratory infections
- Catarrh
- Ear infections
- Abdominal pain

DERMATOLOGY (*pi fu ke*)

- Eczema
- Psoriasis
- Seborrhoeic dermatitis
- Acne vulgaris
- Herpes zoster
- Herpes simplex
- Rosacea
- 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 Artemisiae Annuae)
Bai Bian Dou (Semen Dolichoris Lablab)
Yin chai hu (Radix Stellariae Dichotomae)

Precipitants (*xia yao*)**Attacking Precipitants (*gong xia yao*)**

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 Fermentata)
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 Conquatae)
Long Yan Rou (Arillus Euphoriae 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 Lilii)
Gou Qi Zi (Fructus Lycii)
Gui Ban (Plastrum Testudinis) (CITES: trade allowed with appropriate trade permits)
Bie Jia (Carapax Amydae Sinensis)
Yu Zhu (Rhizoma Poligonati 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 Myristicis 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)
Jiang Can (Bombyx Batrycatus)
Di Long (Lumbricus)

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)
Mu li (Concha Ostreae)
Ci shi (Magnetitum)

Zhen zhu mu (Concha Margaritiferarum)

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. Too much emphasis upon assessment by conventional written examination will result in undue attention being focussed on memorisation, rather than the understanding and application of the underlying principles. Educational institutions are therefore expected 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 is taught and promote research-mindedness

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

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. *ba fa*: the translations of the eight terms are taken from Bensky; Wiseman has, respectively, 'sweating', 'ejection', 'precipitation', 'warming', 'clearing', 'dispersing', 'supplementation'.

INDICATIVE READING

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

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Module 9: Clinical Practice

Minimum Hours: 450

Minimum Level: 6

Outline of Syllabus Contents

During clinical practice, students will develop the skills required of a Chinese herbal 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 outcome

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