European Herbal & Traditional Medicine Practitioners Association

THE CORE CURRICULUM FOR HERBAL & TRADITIONAL MEDICINE

Producing Safe and Competent Practitioners

SECOND EDITION

October 2007

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

Edition Two of the Core Curriculum, September 2007, replaces anything previous and contains changes introduced during recent years. Further revisions have been made following a peer review of Ayurveda and a review undertaken by a sub committee of the Education Committee of clinical outcomes and associated minimum clinical hours.

Next review date: Summer 2009

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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 which identify the requirements of each specific traditional form of practice, formally referred to as the 8th Elements included in Module 8A-D.

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;
- 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 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

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

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

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

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

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

Module 2: Nutrition

Minimum Hours: 80

Out of Date. Refer to Appendix 1, page 110 for current version

Aims

To provide a comprehensive understanding of the foundations of nutrition and diet as a means for the maintenance of good health and treating disease. Included in this would be an understanding of the effects of food and diet on specific body systems and disease processes whilst underscoring the holistic aspects of this type of approach.

To provide a perspective on the possible interactions between foods, herbal supplements and drugs, with an emphasis being placed on the safe limitations of their usage including nutrient/drug/herb and food interactions.

To allow practitioners to use an understanding of nutrition as an essential part of their existing discipline.

Minimum Level : 4 (HE certificate)

Learning Outcomes

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

1. Describe the structural characteristics and function of a range of key macronutrients and micronutrients.
2. Describe processes involved in the catabolism of food components.
3. Explain terms used in Western nutrition and dietetics.
4. Discuss the effects of food additives, processing and drugs on nutrition.
5. Evaluate dietary assessment methodologies.
6. Discuss the similarities and differences between different dietary approach.
7. Demonstrate knowledge of the underlying concepts of dietary needs at different stages of development.
8. Discuss relationships between diet and disease.
9. Recommend and justify suitable diets for individual cases.

Outline of Syllabus Contents

1. Structural characteristics and function of polysaccharides, proteins, enzymes, nucleic acids and lipids. The nature and importance of essential amino and fatty acids in the diet.
2. Metabolic routes used in catabolism of components of foods.
3. Energy value of foods.
4. The importance of physiological systems in nutrition.
5. Terms used in Western dietetics to include: RDA, RDI, DRV, EAR, LRNI, RNI, safe intakes, BMR, BMI, PAL and bioavailability.
6. Government papers on diet and nutrition. Methods for assessing biochemical and clinical nutritional nutritional
7. The nature, occurrence, role and effects of deficiency of micro nutrients.
8. Nutrition at cellular level. The importance of fibre and water in the diet.
9. The effects of drugs, alcohol, smoking and food additives on nutrition.

Out of Date. Refer to Appendix 1, page 110 for current version

10. Dietary assessment methodologies such as weighed dietary and portion records, questionnaires and surveys, food tables.
11. Diet as prevention culture and cuisine.
12. Types of food, preparation, storing.
13. Effect of environment, age, work on nutrition.
14. Comparative philosophies of nutrition: Western scientific, naturopathic, macrobiotic, traditional Chinese medicine, Ayurveda, etc.
15. Diets for individual specific cases.

Indicative Reading

Hunt, S.M et al, 1980. *Nutrition: Principles and Clinical Practice*, John Wiley and Sons

Zeman, Frances J., and Nev, Denise, 1990. *Clinical Nutrition and Dietetics*. Macmillan.

Balch, P., and Balch, J., 2001. *Prescription for Nutritional Healing*. Avery (Penguin) New York.

Werbach, Melvyn R *,* 1996. *Nutritional Influences on Illness, A Sourcebook of Clinical Research.*, Third Line Press.

Pitchford, Paul, 2002 *Healing with Wholefoods, Oriental Traditions and Modern Nutrition*. North Atlantic Books.

Ballentine. Rudolph M.., 2008. *Diet and Nutrition*. Himalayan Institute Press. ISBN 0-89389-048-0

Newman-Turner, R., 1984. *Naturopathic Medicine*. Harper Collins. ISBN 0-7225-0785-2

Lindlahr. Henry, M.D., 1975, 1984, 1997. *Natural Therapeutics*.. (Volume 1: Philosophy ISBN 0-85207-159-0, Volume 2: Practise.. ISBN 0-85207-148-5, Volume 3: Dietetics ISBN 0-85207-154-X.). Saffron-Walden: C.W. Daniel.

Johns, Timothy, 1990. *The Origins of Human Diet and Medicine.* University of Arizona Press

Zimmermann, Michael, 2001. *Burgerstein's Handbook of Nutrition: micronutrients in the prevention and therapy of disease.* Thieme.

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, cerebospinal 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

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

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

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

Merck Manual of Medicinal Information
Online at: http://www.merck.com/mrkshared/mmanual/sections.jsp

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

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

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

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

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

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

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

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

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, glucosilinates).
   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

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.

Minimum Level : 6 (HE honours)

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.

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

Annie Mitchell & Maggie Cormack, *The Therapeutic Relationship in Complementary Health Care*. 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.

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

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 (HE diploma/honours)

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

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

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

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

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

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

Introduction

The Core Ayurvedic Curriculum with the Common Core Curriculum can be used as a guideline for institutions that are intending to provide courses in traditional Ayurvedic medicine, or are running courses of such intent and seeking accreditation for professional registration with a future regulatory council of traditional medicines.

The following are the minimum requirements for all training courses providing Ayurvedic medical education and training at a professional level for the future regulatory framework in the UK. The nature of the Ayurvedic profession dictates that the standards of all training programmes should be set at a higher education or equivalent level and must be comparable at least to a Bachelor degree.

This document results from wider consultation with Ayurvedic professionals, medical practitioners, and patients in the UK and abroad. The framework for the Core Ayurvedic Curriculum is a simplified version of the Ayurvedic curricula recommended by the Central Council for Indian Medicine (CCIM), Department of Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH) of the Indian Ministry of Health and the Ministry of Indigenous Medicine in Sri Lanka.

It is this core curriculum that ensures the professional standards of traditional Ayurvedic medical education and training are met in the UK and abroad. Traditional Ayurvedic medical practices in the UK play a major role in Europe, largely due to legal regulations imposed by the EEC. Therefore, this document also provides a protocol for any future curriculum version for the education and training of traditional Ayurvedic practitioners in Europe, and perhaps in the West.

CURRICULUM CONTENT

SECTION A: Theories, Methods, Diagnosis, Treatment

Part I	Ayurvedic Fundamental Principles
Part II	Ayurvedic Pharmacology and Pharmacy
Part III	Ayurvedic Pathology and Therapeutics
Part IV	Ayurvedic Internal Medicine
Part V	Ayurvedic Specialist Medicine

SECTION B: Materia Medica

SECTION C: Supervised Clinical Practice

Indicative Reading

SECTION A: Theories, Methods, Diagnosis, Treatment

1. Ayurvedic Fundamental Principles

Description:

This module explores the basic concepts underpinning Ayurveda at the cosmic and physical levels, the relationship of energy and matter (mahabhutas); and the functional principles (doshas) and structural elements (dhatus and malas) of the human body. Students will be able to assess the individual constitution and explore the concept of health and health promotion. This module will also introduce the students to the Sanskrit language to enable them to comprehend and define the terminology of Ayurveda.

This module consists of the following components:

a. History of Ayurveda;

b. Sanskrit (including textual study of Astanga Hrdaya);

c. Padartha Vijnana; and

d. Rachana & Kriya Sharira

Learning Outcomes:

On completion of this module, the successful student will be able to:

1. Outline the similarities and differences between the theory of Pañca-mahabhutas and modern science.
2. Explain the formation, characteristics and functions of the tri-doshas, sapta dhatus and malas in the body.
3. Explain the Ayurvedic concepts of Guans, Dravya, Samanya, Visesha, Samavaya, Agni, Ama and Srotas.
4. Explain the relationship between Atma, Prana and Manas.
5. Compare and contrast the modern and Ayurvedic views of lifestyle in the promotion of physical and mental health.
6. Explain the cosmic influence as a life force and relate it to the human life form.
7. Discuss the effects of seasonal variations on the maintenance of health.
8. Determine the doshic constitution of an individual and prescribe lifestyle choices to maintain balance.
9. Discuss the effects of massage, yoga, meditation and other non-invasive modes of therapy on a person's mental and physical health.
10. Explain key terms used in the first chapter (sutrasthana) of Astanga Hrdyam.

2. Ayurvedic Pharmacology and Pharmacy

Description:

This module explores the principles of pharmacology, pharmacodynamics, and physiochemical and medicinal properties of raw materials used in Ayurvedic medicine to include herbal (plant), mineral, metal and animal origins. It also deals with the pharmaceutical procedures used in the preparation of Ayurvedic medicines with special reference to issues surrounding toxicity and safe prescription, as well as methods of preparation and dispensing of compound Ayurvedic medicines taking into account the legal and ethical aspects regarding labelling and patient information.

This module consists of the following components:

a. Dravyaguna Vijnana;

b. Ayurvedic Materia Medica;

c. Bhaisajya Kalpana and Rasa Shastra;

d. Agada Tantra and Vyavahara Ayurveda.

Learning Outcomes:

On completion of this module, the successful student will be able to:

1. Discuss the concepts and principles of Dravyaguna vijyana and Bhaisajya kalpana.
2. Make decisions on the use of commonly used Ayurvedic raw materials and compound preparations based on their energetics and actions.
3. Discuss the usage, contra-indications, precautions and dosage of commonly used Ayurvedic herbs and compound medicines.
4. Evaluate the rationale for the combination of herbs in certain prescriptions, giving examples of incompatibilities and enhancements.
5. Evaluate issues relating to the toxicity and safe use of herbs and compound medicines.
6. Evaluate and discuss issues relating to the quality control of Ayurvedic herbs and compound medicines.
7. Discuss issues related to current legislation on herbal products with regards to quality assurance, labelling and dispensing, with reference to UK and EU law and regulations.
8. Prepare pharmaceutical standard monographs of commonly used Ayurvedic herbs and compound medicines.
9. Justify the selection of drugs used in Ayurvedic compound formulations with reference to their indications, contra-indications and precautions for use.
10. Demonstrate a critical understanding of the processing of various categories of Ayurvedic medicines, including those containing toxic herbs, with reference to their safe use.
11. Demonstrate a critical understanding of the processing of non-herbal Ayurvedic medicine, with reference to their legal status and safe use.
12. Explain terminology used in the Ayurvedic pharmacology, material medica and pharmacy.

3. Ayurvedic Pathology and Therapeutics

Description:

This module explores the root causes of disorders in the mind-body physiology and examines the stages of their pathogenesis. It provides an integrated approach to the understanding of common diseases and the principles of management. It enables the students to analyse the disrupted doshas and to suggest remedies to preserve the integrity of the doshas, dhatus and malas of the body and mind. This module will also introduce the students to the reading of Charaka Samhita to enable them to comprehend and define the Ayurvedic concepts used in this module.

This module consists of the following components:

a. Swasthavrtta and Yoga;

b. Roga vijnana and Vikruti Vijnana;

c. Textual study of Charaka Samhita;

d. Introduction to Kayachikitsa.

Learning Outcomes:

On completion of this module, the successful student will be able to:

1. Critically discuss the factors which produce a constitutional imbalance or roga.
2. Critically examine the role of the mind and body in the process of disharmony or disease.
3. Discuss the term ‘Nidan-panchak’ and relate it to modern concepts of aetio-pathology.
4. Discuss the concept of disease causation and pathogenesis according to Ayurveda and modern science.
5. Identify marma points and demonstrate their use in Ayurvedic treatment.
6. Discuss the distribution of disease in the community, and the approach to prevention according to Ayurveda and modern points of view.
7. Diagnosis imbalances in the homeostasis of dosha, dhatu and mala in the body-mind physiology.
8. Compare and contrast the modes of samana and sodhana cikitsa.
9. Devise a treatment plan based on the fundamental principles of cikitsa, to correct abnormal states of dosha, dhatu, mala, agni, ama and srotas.
10. Evaluate the prognosis of physical disorders related to each of the doshic imbalances.
11. Reflect on the appropriateness of treatment plans with reference to a patient’s case history and diagnosis.
12. Explain key Ayurvedic concepts of Charaka Samhita.

4. Ayurvedic Internal Medicine

Description:

This module explores the necessary knowledge and skills required to practise Ayurvedic Internal Medicine (Kayachikitsa) including pañcakarma, rasayana and vajikarna. It also develops the student's knowledge, understanding and skills of a wide range of Ayurvedic treatment modalities, based on Ayurvedic principles and bio-medical sciences. Recognising medical emergencies and their limitations within Ayurveda is an important aspect of this module.

This module consists of the following components:

a. Advanced Kayachikitsa;

b. Pañcakarma;

c. Rasayana and Vajikarna;

d. Manasa Roga and Vedic Healing.

Learning Outcomes:

On completion of this module, the successful student will be able to:

1. Critically examine the different groups of *Shamana* and *Shodana* therapies and discuss their therapeutic indications.
2. Choose the most appropriate method of pañcakarma taking into account the contra-indications and legal and ethical issues relating to Kayachikitsa and pañcakarma.
3. Critically evaluate the suitability of pañcakarma therapies for a variety of conditions drawing on a detailed knowledge of Ayurveda principles and biomedical sciences.
4. Design, implement and review a treatment plan for a client with specified pathology using Ayurvedic medicines, Pañcakarma, Rasayana and Vajikarna therapies.
5. Interpret basic medical investigations and refer patients for medical examination and treatment where appropriate.
6. Recognise medical emergencies, and pathologies beyond their competence (or legal status) to treat, reviewing the range of referral options available and acting appropriately.
7. Synthesise information from a number of sources in order to gain a coherent understanding of theory and practice of Ayurvedic internal medicine.
8. Utilise problem-solving skills to solve unfamiliar problems in a clinical setting.
9. Demonstrate effective verbal and written communication by presenting information in a form that is appropriate for both professionals and non-professionals to understand.
10. Keep appropriate and professional case records documenting initial presentation, diagnosis, treatments prescribed and carried out and the evaluation of therapeutic responses.
11. Perform Ayurvedic diagnosis and treatment procedures.
12. Work effectively within a multi-disciplinary and multi-professional teams involved in the management of patients with reference to Ayurvedic (Sanskrit) texts and current research.

5. Ayurvedic Specialist Medicine

Description:

This module explores the necessary knowledge and skills required for the practice of Ayurvedic specialist medicine, including, Prasuti Tantra, Stree Roga, Kaumarabhritya, and Shalya-Shalakya, within the UK. context. It also develops the student's knowledge, understanding and skills of a wide range of Ayurvedic treatment modalities, based on Ayurvedic principles and bio-medical sciences. Recognising medical emergencies and their limitations within Ayurveda is an important aspect of this module. This module also discusses the scope of Ayurvedic practice in the UK.

Learning Outcomes:

On completion of this module, the successful student will be able to:

1. Explain in detail the choice of approaches to managing menstrual disorders, as well as the pathological changes in the female reproductive system that occur in illness or injury, in order to prescribe appropriate treatment.
2. Prescribe Ayurvedic treatment to ensure optimum maternal and foetal health during pregnancy, and to deal with minor disorders associated with pregnancy.
3. Discuss in detail the care and management of babies and children according to Ayurvedic principles and current scientific thinking.
4. Evaluate on the basis of clinical data whether surgical intervention is necessary in the management of wounds, ulcers, abscesses and tumours, and apply the Ayurvedic approach if appropriate.
5. Discuss in detail the limitations of, and the ethical and legal constraints to, Ayurvedic surgery and the importance of professional judgement.
6. Evaluate on the basis of clinical data when Ayurvedic intervention is necessary for the management of ENT and eye disorders.
7. Design, implement and review a plan of treatment using Marma points taking into account the contraindications, precautions and its limitations.
8. Synthesise information from a number of sources in order to gain a coherent understanding of theory and practice of surgical techniques in Ayurveda.
9. Demonstrate effective verbal and written communication by presenting information in a form that is appropriate for both professionals and non-professionals to understand.
10. Utilise problem-solving skills to solve unfamiliar problems in a clinical setting.
11. Keep appropriate and professional case records documenting initial presentation, diagnosis, treatments prescribed and carried out and the evaluation of therapeutic responses.
12. Perform Ayurvedic diagnosis and treatment procedures.
13. Work effectively within a multi-disciplinary and multi-professional teams involved in the management of patients with reference to Ayurvedic (Sanskrit) texts and current research.

SECTION B: Materia Medica

The Ayurvedic materia medica comprises herbal, mineral, metal and animal substances. Graduates are expected to be familiar with the basic pharmacological principles that underpin the therapeutic use of these four groups of substances.

However, as current UK and EU legislation restricts the use of Ayurvedic therapeutics to mainly herbal substances, foremost importance for Ayurvedic practitioners in this country is a profound knowledge and understanding of medicinal plants and their use.

Each educational institution should cover a minimum of 200 herbs, to be drawn from the approved list below. Each institution should define, at its discretion, at least 100 herbs as 'essential' to be learned in depth, and in addition at least 100 herbs as 'useful'.

Essential: students should have mastery of these herbs. Without using a textbook, graduates should be familiar with their name, category, properties, actions and indications, dosage, contra-indications, main combinations, appropriate methods of preparation and differences between members of the same category.

Useful: students should have a basic understanding of herbs in this group. The level of knowledge should be such that, without recourse to a textbook, graduates should be familiar with their name, category, main actions, indications and differences between members of the same category. Any further information about these substances can be drawn from textbook sources.

List of Ayurvedic Medicinal Plants

No.	Sanskrit Name	Botanical Name
1	Adhah puşpī	Trichodesma indicum, (Linn) R. Br.
2	Adhaki	Cajanus cajan, (Linn) Mills.
3	Agaru	Aquilaria agallocha, Roxb
4	Agastya	Sesbenia grandiflora, Pers.
5	Agni manthā	Premna integrifolia, Linn.
6	Ahi phēna	Papver somniferum, Linn.
7	Ajmodā	Apium graveolens, Linn.
8	Ākārkarabha	Anacyclus pyrethrum, DC.
9	Ākhuparnī	Ipomoea reniformis, Chois.
10	Akşotaka	Juglans regia, Linn.
11	Āmalakī	Emblica officinalis, Gaertn.
12	Amarvallī	Cuscuta reflexa, Roxb.
13	Amlavetasa	Garcinia pedunculata, Roxb.
14	Amlikā	Tamarindus indica, Linn.
15	Āmra	Mangifera indica, Linn.
16	Āmra haridra	Curcuma amada, Roxb.
17	Ankota	Alangium Salvifolium, (Lin. f.) Wang.
18	Apāmārga	Achyranthes aspera, Linn.
19	Aparājitā	Clitoria terneata, Linn.

20	Āragvadha	Cassia fistula, Linn.
21	Aralu	Ailanthus excelsa, Roxb.
22	Araṉya jīraka	Centrotherum anthelminticum, (Linn) Kurtze.
23	Ārdraka	Zingiber officinale, Roscoe.
24	Arişṭaka	Sapindus trifoliatus, Linn.
25	Arjuna	Terminalia arjuna, (Roxb) Wight & Arn.
26	Arka	Calotropis giganticea, R. Br.
27	Aśmantaka	Ficus rumphii, Blume.
28	Aśoka	Saraca asoca (Roxb) De Wilde.
29	Aṣṭisamhāraka	Vitis quadrangularis, Linn.
30	Aśvagandha	Withania somnifera, Dunal.
31	Aśvagola	Plantago ovata, Forsk.
32	Aśvakarṉa	Dipertocarpus turbinatus, Gaertn. f.
33	Aśvattha	Ficus religiosa, Linn.
34	Atasī	Linum usitaissimum, Linn.
35	Ati balā	Abutilon indicum, (Linn.) Sw.
36	Ativişā	Aconitum heterophyllum, Wall. ex Royle.
37	Āvartakī	Cassia auriculata, Linn.
38	Āvartanī	Helicteres isora, Linn.
39	Ayapānam	Eupatorium triplinerve, Vahl.
40	Babbūla	Acacia arabica, Wild.
41	Badara	Zizyphus mauritiana, Lamk.
42	Bākucī	Psoralea corylifolia, Linn.
43	Bakula	Mimusops elingi, Linn.
44	Balā	Sida cordifolia, Linn.
45	Bañgā	Canabis sativa, Linn.
46	Bhallātaka	Semecarpus anacardium, Linn.
47	Bhaṉdīra	Clerodendrum infortunatum, Linn.
48	Bhārṅgī	Clerondendron serratum, Spreng.
49	Bhṛṅgarāja	Eclipta erecta, Linn.
50	Bhūmyāmlakī	Phyllanthus niruri, Sensu Hook. f.
51	Bhūrja	Betula utilis, D. Don.
52	Bīja pūraka	Citrus medica, Linn.
53	Bījaka	Pterocarpus marsupium, Roxb.
54	Bilva	Aegle marmelos, Corr.
55	Bimbī	Coccinia grandis, (Linn) Voigt.
56	Bola	Commiphora myrrh, Nees.
57	Brāhmī	Bacopa moniera, (Linn.) Pennell.

58	Bṛhatī	Solanum indicum, Linn.
59	Cakramarda	Cassia tora, Linn.
60	Cakşuşya	Cassia absus, Linn.
61	Campaka	Michelia champak, Linn.
62	Cañcu	Corchorus fascicularis, Lam.
63	Candana	Santalum alba, Linn.
64	Cańdraśūra	Lepidium sativum, Linn.
65	Cāñgērī	Oxalis corniculata, Linn.
66	Cauhāra	Artimisia maritime, Linn.
67	Cavya	Piper chaba, Hunter.
68	Chatraka	Agaricus campestras, Linn.
69	Chikkikā	Centipeda minima, (L.) Willd.
70	Chukra	Rumex vesicarius, Linn.
71	Ciribilva	Holoptelea integrifolia, (Roxb) Planch.
72	Citraka mūla	Plumbago zeylanica, Linn.
73	Coraka	Angelica glauca, Edgw.
74	Dādima	Punica granatum, Linn.
75	Damanaka	Artemisia vulgaris, Linn.
76	Danti mūla	Baliospermun montanum, Muell-Arg.
77	Dāru haridrā	Berberis aristata, DC.
78	Devadāru	Cedrus deodara, Roxb.–Loud
79	Dhāmārgava	Luffa aegyptica, Mill ex Hook. f.
80	Dhanvana	Grewia tiliaefolia, Vahl.
81	Dhānyaka	Coriandrum sativum, Linn.
82	Dhātakī	Woodfordia floribunda, Salisb.
83	Dhattūra	Dhattura metel, Linn.
84	Dhava	Anogeissus latifolia, (Roxb. ex DC) Bedd.
85	Drākşa	Vitis vinifera, Linn.
86	Droṇa puşpī	Leucas cephalotus, Spreng.
87	Dugdhaphenī	Taraxacum officinale, Weber.
88	Duralabha	Fagonia cretica, Linn.
89	Dūrvā	Cynodon dactylon, Pers.
90	Dvīpāntara vacā	Smilax glabra, Roxb.
91	Ēla	Elettaria cardamomum, Maton.
92	Ēraṇda	Ricinus communis, Linn.
93	Eraṇda karkatī	Carica papaya, Linn.
94	Gambhārī	Gmelina arboria, Linn.
95	Gandha prasāranī	Paederia foetida, Linn.

96	Gāngerukī	Grewia populifolia, Vahl.
97	Giri parpaṭī	Podophyllum hexandrum, Royle.
98	Gojivhā	Onosma bracteatum, Wall.
99	Gōkşura	Tribulus terrestris, Linn.
100	Gorakşa	Dlabergia lanceolaria, Linn.
101	Gorakşamajjā	Aerva lanta, (Linn) Juss.
1902	Guda śarkarā	Grewia hirsute, Vahl.
103	Gudūcī	Tinospora cordifolia, Willd Meirs.
104	Guggulu	Commiphora mukul, Hook.
105	Guñjā	Abrus precatorius, Linn.
106	Hamsarāja	Adiantum lunulatum, Burm. f.
107	Hapuşā	Juniperus communis, Linn.
108	Haramala	Paganum harmal, Linn.
109	Haridrā	Curcuma longa, Linn.
110	Haridru	Adina cordifolia, Hook. f.
111	Harītakī	Terminalia chebula, Retz.
112	Hijjala	Baringtonia acutangula, Gaertn.
113	Hiṅgu	Ferula asafoetida, Linn.
114	Hinsrā	Capparis sepiaria, Linn.
115	Hṛtpatrī	Digitalis purpurea, Linn.
116	Ikşvāku	Lagenaria siceraria, Standle.
117	Indravārunī	Citrulus colocynthis, Schard.
118	Iṅgudī	Balanites aegyptica, (Linn.) Dell.
119	Irimeda	Acacia farnesiana, Willd.
120	Jambū	Eugenia jambolana, Lam.
121	Jaṭāmansī	Nordostachys jatamansi, Dc.
122	Jātī	Jasminum grandiflorum, Linn.
123	Jātīphala	Myristica fragrans, Houtt.
124	Jayanti	Sesbania aegyptica, Pers.
125	Jayapāla	Croton tiglium, Linn.
126	Jheṇdū	Tagetus erecta, Linn.
127	Jīmutaka	Luffa echinata, Roxb.
128	Jīraka	Cuminum cyminum, Linn.
129	Jīvantī	Leptadenia reticulate, (Retz.) Wight & Arn.
130	Jūphā	Hyssopus officinalis, Linn.
131	Jyōtişmatī	Celastrus paniculata, Willd.
132	Kadali	Musa paradisiacal, Linn.
133	Kadamba	Anthocephalus indicus, A. Rich.

134	Kākamacī	Solanum nigrum, Linn.
135	Kākodumbara	Ficus hispida, Linn.
136	Kālamegha	Andrographis paniculata, (Burm. f.) Wall.
137	Kamala	Nelumbo nucifers, Gaertn.
138	Kampillaka	Mallotus philippinensis, Muell Arg.
139	Kāñchanāra	Bauhinia variegate, Linn.
140	Kāndīra	Ranunculus sceleratus, Linn.
141	Kaṅkōla	Piper cubeba, Linn.
142	Kankushtha	Garcinia morella, Desr.
143	Kaṉṭakārī	Solanum xanthocarpum, Sachrd & Wendl.
144	Kapikacchu	Mucuna prurita, Hook.
145	Karamarda	Carissa congesta, Linn.
146	Karañja	Pongamia pinnata, (Linn.) Merr.
147	Kāravellaka	Momordica charantia, Linn.
148	Karavīra	Nerium indicum, Soland.
149	Karīra	Capparis deciduas, Edgew.
150	Karkaṭaśṟṅgī	Pistacia intererima, Stew. ex. Brandis.
151	Karmaranga	Averrhoa carambola, Linn.
152	Kārpāsa	Gossypium herbaceum, Linn.
153	Karpūra	Cinnamomum camphora, Nees & Eberm.
154	Kāśa	Saccharum spontaneum, Linn.
155	Kāsamarda	Cassia occidentalis, Linn.
156	Kāsani	Chicorium intybus, Linn.
157	Kaśeruka	Scirpus grosus, Linn.
158	Kāṩṭa dāru	Polyalthia longifolia, Benth & Hook.f.
159	Kataka	Strychnos potatorum, Linn. f.
160	Kaṭphala	Myrica nagi, Thunb.
161	Katu vīrā	Capsicum annum, Linn.
162	Kaṭukī	Picrorrhiza Kurroa, Royle ex Benth.
163	Kaṭutumbī	Lagenaria leucantha, (Duch.) Rusby.
164	Kebuka	Costus speciosus, Koen. ex Retz.
165	Ketakī	Pandanus tectorius, Soland ex Parkino.
166	Khadira	Acasia catechu, Willd.
167	Kharjūra	Phoenix sylvestris, Roxb.
168	Khatmī	Althaea officinalis, Linn.
169	Khūbakalā	Sisymbrium irio, Linn.
170	Kirātatikta	Swertia chirata, Buch-Ham.
171	Kīṭamārī	Aristalochia bracteolate, Lamk.

172	Kokilākşa	Astercantha longifolia, Nees.
173	Kośāmra	Schleichera trijuga, Willd.
174	Kośātakī	Luffa acutangulata, (Linn.) Roxb.
175	Kṛşṇa bīja	Ipomoea hederacea, Linn-Jacq.
176	Kṛşṇa jīraka	Carum carvi, Linn.
177	Kukundara	Blumea lacera, D.C.
178	Kulattha	Dolichos biflorus, Linn.
179	Kumārī	Aloe vera, Linn.
180	Kumbhīka	Careya arborea, Roxb.
181	Kumuda	Nymphea alba, Linn.
182	Kuńkuma	Crocus sativus, Linn.
183	Kupīlu	Strychnos nux-vomica, Linn.
184	Kuśa	Desmostachya bipinnata, Stap. f.
185	Kūşmāṇda	Benincasa hispida, Thum.
186	Kuşṭha	Saussurea lappa, C.B. Clarke.
187	Kuṭaja	Holarrhena antidysentrica, Wall. ex. DC.
188	Lajjālu	Mimosa pudica, Linn.
189	Lāńgalī	Glosiosa superba, Linn.
190	Latā karañja	Caesalpinia bonduc, Roxb.
191	Latā kastūrī	Hibiscus abelmoschus, Linn.
192	Lavańga	Syzygium aromaticum, Merr perry.
193	Lodhra	Symplocos racemosa, Roxb.
194	Madana phala	Randia dumetorum, Lam.
195	Madayantikā	Lawsonia inermis, Linn.
196	Madhūkā	Madhuka indica, Jf. Gmel.
197	Madhuyaşţi	Glycerrhiza glabra, Linn.
198	Mahābharī vacā	Alpinia galangal, Willd.
199	Makhāna	Euryale ferox, Salisb.
200	Mamīra	Thalictrum foliolosum, Dc.
201	Māmsarohiṇi	Soymida febrifuga, A. Juss.
202	Māna kanda	Alocasia indica, Scholt.
203	Maṇdūka parṇī	Centella asiatica, (Linn.) Urban.
204	Mañjişţa	Rubia cordifolia, Linn.
205	Marica	Piper nigrum, Linn.
206	Mārkaṇdikā	Cassia angustifolia, Vahl.
207	Maşa parṇī	Teramus labialis, Spreng
208	Māyāphala	Quercus infectoria, Roxb.
209	Mayūrśikhā	Adiantum caudatum, Linn.

210	Medaśāka	Litsea chinensis, Lam.
211	Meşa śṛngī	Gymnema sylvestre, R. Br.
212	Methikā	Trigonella foenum-graecum, Linn.
213	Miśreyā	Foeniculum vulgare, Mill.
214	Mucakunda	Pterospermum diversifolium, Blume.
215	Mudga parṇī	Phaseolous trilobus, Ait.
216	Mūlaka	Raphanus sativus, Linn.
217	Muṇdī	Sphaeranthus indicus, Linn.
218	Mūrvā	Marsdenia tenacissima, Wight & Arn.
219	Muśalī	Asparagus adscendens, Roxb.
220	Mustaka	Cyperus rotundus, Linn.
221	Nādī hiñgu	Gardenia gummifera, Linn.F.
222	Nāga dantī	Croton oblongifolus, Roxb.
223	Nāgabalā	Sida veronicaefolia, Lam.
224	Nāgadamanī	Crinum asiaticum, Roxb.
225	Nāgakesar	Mesua ferrea, Benth- Hook.
226	Nala	Arundo donax, Linn.
227	Nīlī	Indigofera tinctoria, Linn.
228	Nimba	Azadirachta indica, Linn.
229	Nimbuka	Citrus limetta, Wight & Arn.
230	Nirguṇdī	Vites negundo, Linn.
231	Nirviṣā	Delphinium denudatum, Wall. ex. Hook. f.
232	Padmaka	Prunus cirasoidus, D. Don.
233	Palāndu	Allium cepa, Linn.
234	Palāśa	Butea monosperma, Lam-Kutze.
235	Panasa	Artocarpus integrifolia, Linn. f.
236	Pārasīka yavānī	Hyocyamus niger, Linn.
237	Pāribhadrā	Erithrina variegate, Linn.
238	Pārijāta	Nyctanthus arbortristis, Linn.
239	Pārīşa	Thespesia populnea, (Linn) Soland ex Corr.
240	Parṇa bīja	Kalanchoe pinneta, Pers.
241	Parṇa yavānī	Coleus aromaticus, Benth.
242	Parpata	Fumaria parviflora, Lamk.
243	Parūşaka	Grewia asiatica, Linn.
244	Pāşāṇabheda	Bergenia lingulata, (Wall.) Engl.
245	Pāṭalā	Stereospermum suaveolens, Dc.
246	Pātāla garudī	Cocculus hirsutus, (Linn.) Diels
247	Pāthā	Cissempelus pareira, Linn.

248	Paṭōla	Trichosanthes dioica, Roxb.
249	Patrāṅga	Caesalpinia sappan, Linn.
250	Pīlu	Salvadora persica, Linn.
251	Pippali	Piper longum, Linn.
252	Piśāca kārpāsa	Abroma augusta, Linn. f.
253	Pīta mūlā	Rueum emodi, Wall.
254	Plakşa	Ficus lacor, Buch-Ham.
255	Priyāla	Buchanania latifolia, Roxb.
256	Priyaṅgu	Callicarpa macrophylla, Vahl.
257	Pṛşni parṇī	Ureria picta, Desv.
258	Pūga	Areca catechu, Linn.
259	Punarnavā	Boerhavia diffusa, Linn.
260	Punnāga	Calophyllum inophyllum, Linn.
261	Puşkara mūla	Inula racemosa, Hook. f.
262	Pūtīhā	Mentha piperata, Linn.
263	Putrañjīevaka	Putranjiva roxburghii, Wall.
264	Rājikā	Brassica juncea, Linn.
265	Rakta chanda	Pterocarpus santalinus, Linn. f.
266	Rakta ṇiryāsa	Daemenorops draco, Blume.
267	Rāsnā	Alpinia officinarum, Hance.
268	Rasōna	Allium sativum, Linn.
269	Rohişa	Cymbopogon schoenanthus, Linn.
270	Rohītaka	Tecomella undulate, G. Don.
271	Rumī mastagī	Pistacia lentiscus, Linn.
272	Sahadēvī	Vernonia cineria, Len.
273	Sailēya	Parmelia perlata, Ach.
274	Saireyaka	Barleria prionitis, Linn.
275	Śaivāla	Ceratophyllum demersum, Linn.
276	Śāla	Shorea robusta, Gaertn.
277	Śālaparṇī	Desmodium gangeticum, D.C.
278	Śallakī	Boswellia serrata, Roxb.
279	Śālmalī	Bombax malabaricum, Schott and Endl.
280	Śamī	Prosopis cineraria, (Linn.) Druce.
281	Śaṇa puşpī	Crotalaria verrucosa, Linn.
282	Śaṅka puşpī	Convolvulus pluricaulis, Chois.
283	Sapta cakra	Salacia reticulate, Wight.
284	Saptaparṇa	Alstonia scholaris, R. Br.
285	Śara	Sacchrum munja, Roxb.

286	Sarala	Pinus-cedrus deodar, Roxb. Sargent.
287	Śarapuńkhā	Tephrosia purpurea, Linn.
288	Sārivā	Hemidesmus indicus, R. Br.
289	Sarja	Vateria indica, Linn.
290	Sarpagandhā	Rauwolfia serpentine, Benth ex Kurza
291	Sarşapa	Brassica campestris, Linn.
292	Śata puşpā	Anethum sowa, Kurtz.
293	Śatāvarī	Asparagus racemosus, Willd.
294	Śaṭhī	Hedychium spicatum, Hamilt ex Smith.
295	Satyānāsī	Argemone mexicana, Linn.
296	Śigru	Moringa oleifera, Lam.
297	Silhaka	Altingia excelsa, Noronha.
298	Śińśipā	Dalbergia sissoo, Roxb.
299	Śirīşa	Albizzia lebbek, Benth.
300	Sītāphala	Anona squamosa, Linn.
301	Śleşmātaka	Cordia dichotoma, Forst. f.
302	Snuhī	Euphorbia nerifolia, Linn.
303	Soma	Ephedra gerardiana, Wall.
304	Śṛńgātaka	Trapa bispinosa, Roxb.
305	Sudarśana	Crinum latifolium, Linn.
306	Suddāma	Ruta graveolens, Linn
307	Sugandha vāstūka	Chenopodium ambrosioides, Bert. ex. Steud.
308	Sura punnāga	Ochrocarpus longifolia, Benth & Hook. f.
309	Sūraṇa	Amorphophallus campanulatus, Roxb.
310	Surañjāna	Colchicum luteum, Baker.
311	Svarṇakşīrī	Euphorbia thomsoniana, Boiss.
312	Śyōnāka	Oroxylum indicum, Vent.
313	Tagara	Valeriana wallichi, DC.
314	Taila parṇī	Eucalyptus globules, Labill.
315	Tāla	Borassus flabellifera, Linn.
316	Tālamūlī	Curculigo orchioides, Gaertn.
317	Talispatrī	Abies webbiana, Lindle.
318	Tāmraparṇa	Nicotiana tobacum, Linn.
319	Taruṇī	Rosa centifolia, Linn.
320	Tavaksīrī	Curcuma angustifolia, Roxb.
321	Tējōvhā	Zantho-xylon alatum, Roxb.
322	Tejpatra	Cinnamomum tamala, Nees.
323	Tila	Sesamum indicum, DC.

324	Tila parni	Cleome gyanadra, Briquet.
325	Tinduka	Diospyros tomentosa, Roxb.
326	Tiniśa	Ougeinia dalbergioides, Benth.
327	Tintidika	Rhus parviflora, Roxb.
328	Tōdarī	Lepidium iberis, Linn.
329	Trapuşa	Cucumis sativus, Linn.
330	Trāyamāna	Gentiana Kurroa, Royle.
331	Trivŗt	Operculina ipomoea, Linn.
332	Tulasī	Ocimum sanctum, Linn.
333	Tūta	Morus alba, Linn.
334	Tuvaraka	Hydnocarpus wightana, Blume.
335	Twak	Cinamonum zeylonica, Blume.
336	Udumbara	Ficus racemosa, Linn.
337	Unnāva	Zizyphus sativa, Gaertn.
338	Upakunčikā	Nigella sativa, Linn.
339	Uśāvā	Similax zeylanica, Linn.
340	Uśīra	Vetiveria zizanioides, L. Nash.
341	Uṭaṅgaṇa	Blepharis edulis, Pers.
342	Vacā	Acorus calamus, Linn.
343	Vamśa	Bambusa arundinaceae, Willd.
344	Vana palāndu	Urginea indica, Kunth.
345	Vanapsa	Viola odorata, Linn.
346	Vandāka	Dendrophthoe falcate, Linn.
347	Vārāhī kanda	Dioscoria sativa, Linn.
348	Varuṇa	Crataeva nurvala, Roxb.
349	Vāsā	Adhatoda vasica, Nees.
350	Vata	Ficus bengalensis, Linn.
351	Vātāda	Prunus amygdalus, Beill.
352	Vatsanābhī	Aconitum ferox, Wall.
353	Vibhītakī	Terminalia belerica, Roxb.
354	Vidaṅga	Embelia ribes, Burm. f.
355	Vidārī kanda	Pueraria tuberose, DC.
356	Vīkaṅkata	Flacourtia ramontchi, L. Herit.
357	Vīrataru	Dichrostachys cinerea, (Linn) Wight & Arn.
358	Vŗddhadāru	Argyria speciosa, Sweet.
359	Vrukshāmla	Garcinia indica, Chois.
360	Vyaghranakhī	Capparis zeylanica, Linn.
361	Yavānī	Trachispermum amami, Linn. Sprague.

362	Yavāsa	Alhaji mourorum, (Bieb) Desv.
363	Yuthicā	Jasminum auriculatum, Vahl.

SECTION C: Supervised Clinical Practice

Description:

This module consolidates the competencies achieved in the Ayurvedic undergraduate programme and enables the graduates to gain experience in clinical placements within Ayurvedic settings. The specific aim is of developing the graduate's ability to produce a detailed management plan appropriate for the patient. During this module graduates will also be introduced to research and clinical audit procedures for treatment progress, a key requirement for professional development in independent practice. They will also learn to use the clinic's treatment database as a tool for evaluating treatment options.

This module provides an excellent opportunity to work with an Ayurvedic physician in the traditional setting. This unique experience will facilitate students to become safe and competent practitioners of Ayurvedic medicines. The students' practice during their hospital internship in India/Sri Lanka will offer them opportunities to integrate and synthesise their previous learning in a different environment, cultural expectations and values of Ayurvedic medicine. This is the final stage of the students' preparation to become competent and safe practitioners of Ayurvedic medicine.

The 1000 hours are made up of 500 Core Clinical practice hours from the 9th Module together with 200 further Core Clinical practice hours to meet the above additional learning outcomes and an additional 300 hours in support of clinical practice.

Learning Outcomes:

On completion of this module, the successful student will be able to:

1. Independently examine and diagnose patients and formulate an appropriate treatment plan.
2. Interpret basic medical investigations and refer patients for medical examination and treatment where appropriate.
3. Critically discuss the advantages and disadvantages in given cases (both clinically and in terms of patient management) of combining Ayurvedic and bio-medical treatment approaches and to evaluate differentially their respective outcomes.
4. Keep appropriate and professional case records documenting initial presentation, diagnosis, treatments prescribed and carried out and the evaluation of therapeutic responses.
5. Critically interpret and prioritise information obtained from patients and significant others, recognising its limitations.
6. Perform main Ayurvedic diagnosis and treatment procedures.
7. Work effectively within a multi-disciplinary and multi-professional teams involved in the management of patients with reference to Ayurvedic (Sanskrit) texts and current research.

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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: 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 y*ing*)[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*)

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 (s*hi er jing mai*); the eight extraordinary channels (*qi jing ba mai*); the channel divergences (*jing bie*); the channel sinews (*jing jin*); the cutaneous regions (*pi bu)*; the relationship between the channels and the *Zang Fu*

PART III: Aetiology

(1) External: The Six Pathogenic Factors (*liu xie*)[11] : Wind (*feng*), Cold (*han*), Heat (*re*) or Fire (*huo*), Dampness (*shi*), Dryness (*zao*), (Summer-) Heat (*shu*); the relationship between the Normal or Upright (*zheng*) Qi and Pathogenic or Evil (*xie*) Qi

(2) Internal: The Seven Emotions (*qi qing*)[12]: Joy (*xi*), Anger (*nu*), Worry (*you*)[13], Pensiveness (*si*)[14], Sadness (*bei*)[15], Fear (*kong*), Fright (*jing*)

(3) Not External, not Internal (*bu nei wai yin*):

(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*)

(d) Heat/Fire Patterns (*re-/huo zheng*): Excess Heat (*shi re*), Deficiency Heat (*xu re*)

(e) Summerheat Patterns (*shu zheng*)

(f) 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
(c) Facial colour
(d) Tongue
(e) 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 Thready (*xi*), Wiry or Stringlike (*xian*), Slippery (*hua*), Tight (*jin*), Flooding (*hong*), Soggy (*ru*) or Soft (*ruan*), Choppy (*se*), Knotted (*jie*), Interrupted (dai), and Hurried (*cu*); integration of positions and qualities.

(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*)

(a) Treating in accordance with the season, the locality, and the individual.
(b) Supporting the Upright (*zheng*)[24] Qi and expelling the Evil (*xie*) Qi.
(c) Treating the manifestation (*biao*)[25] and the root (*ben*).
(d) 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 osteoathritis and rheumatoid arthritis)
- Atrophy Syndrome (*wei*) (including myasthenia gravis)
- Trauma

Ear, Nose and Throat
- Tinnitus and deafness (*er ming er long*)
- Purulent ear (*ting er*) (including otitis media)
- Nasal congestion (*bi yuan*) (including sinusitis, rhinitis)
- Nosebleed (*bi niu*)
- Sore swollen throat (*yan hou zhong tong*) (including tonsillitis, pharyngitis)
- Loss of voice (*shi yin*)

Eye Disorders
- Sore, red and swollen eyes (*mu chi zhong tong*)
- Stye (*zhen yan*)
- Tearing patterns (*liu lei zheng*)

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

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

Oncology
- Basic theory
- Supportive treatments

Metabolic disorders
- Diabetes
- Thyroid disease

Immune deficiency and auto-immune disorders
- Chronic Fatigue Syndrome
- Lupus erythematosus
- HIV and AIDS

GYNAECOLOGY (*fu ke ji bing*)

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

Obstetrics

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

PAEDIATRICS (*xiao er za bing*)

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

DERMATOLOGY (*pi fu ke*)

- Eczema
- Psoriasis
- Seborrhoeic dermatitis
- Acne vulgaris
- Herpes zoster
- Herpes simplex
- Rosacea
- 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

Considering the diversity of teaching methods, and not wishing to promote an educational regime based upon the memorisation of large quantities of information at the expense of an understanding of what was retained, but bearing in mind that certain information such as commonly used herbs should be at the graduate's fingertips, it is appropriate for herbs to be categorised under two group headings: **Essential** and **Useful**.

Essential: students should have mastery of herbs in this group. Without using a textbook the graduate should expect to be familiar with: the name, category, properties (Four *Qi* and Five Tastes), actions and indications, dosage, contra-indications, main combinations, differences between members of the same category, appropriate methods of preparation.

Useful: students should have an understanding of herbs in this group. The level of knowledge should be such that, without recourse to a textbook, the student should be familiar with: the name, category, main actions and indications, differences between members of the same category. Any further information about these substances can be drawn from textbook sources.

Each educational institution should cover a minimum of 200 herbs, to be drawn from the approved list below. Each institution should define, at its discretion, 70-100 herbs as Essential herbs to be learned in depth. These must include herbs from each category in the list.

Please note that the legal position of some of the items in the materia medica below is affected by international agreements or UK law. These items are marked by asterisks in the following way:

* Affected by the Convention on International Trade in Endangered Species, allowed if traded with the appropriate trade permits (if an item is banned entirely under CITES restrictions, this is indicated in the text and included for study purposes).

** Non-plant materials, included here for study purposes. Under UK law, non-plant traditional medicines fall outside the remit of the licensing exemption granted to herbs by the 1968 Medicines Act.

*** Restricted under SI 2130 Schedule 111, 1974, included here for study purposes

**** Banned for use in unlicensed medicines by Act of Parliament. Included for study purposes.

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 Notoptergygii)
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 Yedoensitis)

***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 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 Acanthopanacis Gracilistyli 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 Artemisae 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 Cylindricae)

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 Codonopsitis 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 Orchioidis)

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 Conquitae)
Long Yan Rou (Arilllus Euphoriae Longanae)
E Jiao (Gelatinum Corii Asini)**

Tonify Yin (*bu yin yao*)
Mai Men Dong (Tuber Ophipogonis 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 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 Tritici Aestivi)
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)**
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 Margaritaferae)**

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

The distinction between **Essential** and **Useful** applied in the case of individual herbs should also be applied to the study of formulae.

Essential formulae: these should comprise 30 to 50 formulae which are to be mastered so that the student, without recourse to a textbook, has knowledge of: the category (e.g. Releases the Exterior, Invigorates Blood); ingredients and dosage; indications for dosage; contra-indications; major modifications; differences in properties and usage between formulae in the same category.

Useful formulae: students should have an understanding of formulae in this group, such that, without recourse to a textbook, students will be familiar with: the category; main ingredients; indications for usage; differences in properties and usage between formulae in the same category.

Educational Institutions should cover a minimum of 100 formulae in total.

MODEL FORMULAE

Please note: asterisks against a formula indicate:

* Contains non-plant ingredient – included for study purposes.

**** Contains endangered plant ingredient only available under special licence – included for study purposes.**

*** Contains herb banned in unlicensed medicines under UK law – included for study purposes.

In these cases ingredients may be substituted or omitted as appropriate.

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 - Artemesia Annua 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 ZhenTang - Eight-Treasure Decoction et al.
Shi Quan Da Bu Tang - All-Inclusive Great Tonifying Decoction
Liu Wei Di Huang Tang - Six-Ingredient Deocotion 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 LicoriceDecoction
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 Macrocephalea, 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 Livingston 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)

[25] 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

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

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

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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.

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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, C*ombining Western Herbs and Chinese Medicine*.

*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
   h. How to recognise a dying person’s urine
   i. 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 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 Subdividions 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 nutritionalvalue
   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 threediagnosis 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 (Fevers, 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 diptheria) 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 patholology 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 Haemmorrhoids 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
rligs 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 strokesleading 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 Geriatricsbcud len Revitalisation treatment 90
Section 15 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
   lde gu pastes 6
   sman mar medicinal butters 7
   thal sman "calcinates" 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 practiced in any country where the law forbids TM practitioners from undertaking such procedures or where they would be precluded by cultural constraints.

Materia Medica

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
A bhi kha	Fritillaria delavayi		*Btsod*	Rubia cordifolia
A 'bras	Mangifera indica		*btsong sgog*	Allium cepa
A byag	Chrysanthemum tatsiniensis		*'bu su hang*	Medicago archiducis
A ga ru	Aquilaria sinensis		*bya pho tsi*	Ceratostigma griffithii C.B. Clarke
A krong	Thalictrum aquilegifolium Loeog		*bya rgod spos*	Delphinium brunonianum
A krong 2	Arenaria Kansuensis Maxim		*bya rgod spos*	Delphinium chrysostrichum
A ru ra	Terminalia chebula		*bya rgod sug pa*	Anemone trullifolia
A sho	Mirabilis himalaica		*bya rog nyung ma*	Lancea tibetica Hook
A wa	Lloydia		*byi bzung*	Arctium lappa
Ar nag	Aquilaria agallocha		*byi rug*	Elscholtzia calyocarpa Diels
Aug chos	Incarvillia compacta		*byi shang dkar mo*	Stellaria yunnanensis
Autpal	Meconopsis torquata		*byi tang ka*	Embelia laeta
ba lu	Rhododendron primulaeflora		*byis tsher*	Xanthium sibericum
ba ru ra	Terminalia bellerica		*byi'u la phug* Torularia humilis	*byi'u la phug* Torularia humilis
ba sha ka	*ba sha ka*		*byi'u srad*	Polygala sibirica
'bam po	Pleurospermum		*chu ma rtsi 1*	Rheum pumilum Maxim
beedurya 'dra	Saussurea hieraciodes		*chu ma rtsi 2*	Polygonum hookeiri Moisn.
bo te	Prunus sp.		*chu rtsa*	Rheum spiciforme Royle
'bra go	Phoenix dactylifera		*chu rug*	Cardamine macraphylla Willd.
bra ma	Caragana brevifolia		*chu sho*	Acalypha australis
brag lcam	Sedum tartarinowii		*da lis*	Rhododendrom anthopodon
brag lcam 2	Bergenia ciliata		*'dam bu ka ra*	Catabrosa aquatica
brag sgog	Allium sativum (wild)		*dar shing*	Lepidium apetalum -wood
brag skya ha bo	Corralodiscus kingianus		*dar ya kan*	Lepidium apetalum
'bri mog	Onosma hoolerii		*dbyi mong*	Clematis rhederianum
'bri ta sa 'dzin	Lagotis brachystachya		*de ba*	Corydalis melanochlora
'bri ta sa 'dzin 2	Fragaria orientalis			
'brug shing	Euonymas monbeigii			

Tibetan Transliteration	Latin Recognition		Tibetan Transliteration	Latin Recognition
dgu thub/rgu thub	Peucedanum praeruptorum Dunn.		*go bye*	Semiecarpus anacardius L.
dngul sha ma	No currently accepted Latin recognition		*go snyod*	Carum carvi
dngul tig	Cerastium arvense		*gres ma*	Iris nepalensis (anthers)
dong ga	Cassia fistula		*gro ma*	Potentilla fulgens
dpa' bo chen po	Panax ginseng C A May		*gser me*	Herpetospermum pendiculosum
dpa' bo dkar po	Phytolacca acinosa esculenta		*gser phud*	Luffa cylindrica
dpa' rgod	Curcuma zedoaria		*gser tig*	Saxifraga montana
dpa' ser	Phytolacca acinosa Roxb.		*gu gul*	Commiphora mukul
drag spos	Lepisorus soulieanus		*gur gum*	Crocus sativus
'dre sha ma	Lycium chinense		*gur tig*	No currently accepted Latin recognition
dug nyung	Chamaeneriom angustifolium		*gya' kyi ma*	Chrysoplenium carnosum Hook
dug srad	Astralagus strictus		*gyar mo thang*	Primula fasciculata
dur ba	Cynodon dactylon		*gyer ma*	Scrophularia dentata
dur byid	Euphorbia fischeriana		*gyer shing pa*	Schrophularia dentata
dva ba	Arisaema sp.		*gza' dug*	*gza' dug*
dza ti	Myristica ficafragrans		*gze ma*	Tribulus terrestris
ga bra	Rubus subomatus and other Rubus		*hong len*	Lagetis yunnanensis
ga bur	tiger camphor=blumea balsamifera and crystal camphor=cinnamomum camphorum		*ja shing*	No currently accepted Latin recognition
ga bur tis lo	No currently accepted Latin recognition		*'jam 'bras*	Caesalpina crista L.
ga dur	Bergenia purpurascens (Hook f et Thoms)		*'jib chen*	Dracocephalum heterophyllum Benth.
gandha bhadra	Cnaphalium affine		*'jib chen 2*	Salvia Przewalskii Maxim.
gang ga chung	Gentiana urnula		*ka bed*	Curcurbita pepo
ge sar gsum	Bombas malabaricum: 1. stamen 2. calyx 3. corolla		*ka ko la*	Amomum tsao-ko
gla ba srad ma	Hedysarum		*ka randza*	Caesalpinia crst L.
gla sgang	Cyperus scariosus		*kanda ka ri*.	Rubus niveus Thumb.
glang ma	Salix thompsoni		*kham bu*	Prunus sp.
glang sna	Pedicularis longiflora		*'khan pa*	Artemisi sieversiana
gnyan 'dul ba	No currently accepted Latin recognition		*khrog chung ba*	Lepidium apetalum Willd.
gnyan thub pa	No currently accepted Latin recognition		*khu byug pa*	Cypripedium tibeticum

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

Tibetan Transliteration	Latin Recognition		Tibetan Transliteration	Latin Recognition
rgya shug 'bras bu	Juniperus formosana Hayata		*shang tsher*	Orobanche alsatica
rgya skyegs	Lacifer lacca Kerr		*shel ta*	Pinus tabulaeformis (resin)
rgya spos	Delphinium chysotrichum		*Shing kun*	Ferula asafoetida
ri sgog	Allium atrosanguinium		*Shing mngar*	Gylcerrhiza uralensis
ri sho	Ligularia vigaurea		*Shing tsha*	Cinnamomum cassia
rta lpags	Lamiophlomis rotata		*sho mang*	Rumex nepalensis
rta rmig	Viola biflora		*shu dag*	Acorus calamus
rtsa mkhris	Saussurea graminea		*shu mo za*	Trigonella foenum graecum
Rtsad	Pleurospermum sp.		*shu ti*	Mentha arvense
ru rta	Vladmiri souliei		*shug tsher*	Juniperus formosana
rug sgog	Allium prattii		*ske tshe*	Sinapsis sp.
se 'bru	Punica granatum (seeds only)		*skyer ba*	Berberis wood
se rgod	Rosa sertata		*skyer me*	Berberis jamesiana (flower)
se yab	Chaenomeles speciosa		*skyi 'brum*	Sophora Davidii
seng ge 'jigs med	Silene sp.		*skyu ru ra*	Phyllantus emblica
seng ldeng	Rhamnella gilgitica		*sle tres*	Tinospoa sinensis
sga chung	No currently accepted Latin recognition		*Smag*	Metroxylum sago
sga sho	Cremanthodium sp.		*sman sga*	Alpinia officinalis
sga skya	Zingiber officinalis Rose		*smug chung 'den yon*	Meconopsis henricii
sga tig	Androsace aizoon Duly var. coccinea Franch.		*smug cu gang*	Schizostachyum chinense
sga tsha	No currently accepted Latin recognition		*sne'u 1*	Chenopodium album
sgang thog pa	Sisymbrium heteromallum		*sne'u 2*	Amaranthus caudatus
sgog skya	Alium sativum		*sngon bu*	Cyananthus sherifii
sgron shing	Pinus tabulaeformis, but also P. massoniana, P. yunnanensis, P. densata, P. griffithii, P. smithiana, P. armandi		*snya lo*	Polygonum polystachium
sha la yu ring	Cremanthodium sp.		*snyi ba*	Codonopsis convulvlacae
Shang dril	Primula sikkimensis		*snying zho*	Choerospondia axillaris (Roxb.) Burtett Hill
shang len smug po	Eryophyton wallachii		*so cha*	Randia dumetorum

Tibetan Transliteration	Latin Recognition		Tibetan Transliteration	Latin Recognition
so ra	Abelmoschu moschatus		*tang ku 2*	Sinolimprichtia alquina
sog ka	Capsella bursa pastoris		*tha ram*	Plantago depressa
spa 'brum	No currently accepted Latin recognition		*thal rdor*	Cassia tora
spa yag	Lancia tibetica		*thang khrag*	Abies spectabilis?
Spang rgyan dkar	Gentiana szechenyii		*thang phrom*	Przewalskia tangutica Maxim
Spang rgyan dkar 2	Gentiana algida		*ti mu sa*	No currently accepted Latin recognition
Spang rgyan nag po	Gentiana veitchiorum		*tig ta*	Swerta chirayita
Spang rgyan sngon po	Gentiana stipitata		*til*	Sesamum indicum
Spang rtsi	Pterocephalus hookerii		*tsam pa ka*	Oroxylum indicum
spen dkar	Potentilla glabra		*tsan dan*	Santalum album
Spor	Sedum sp.		*tsar bong*	Artemisia desertorum
spra thog	Leontopodium franchetii		*tsher sngon*	Meconopsis horridula
spru ma	Heracleum wallachii		*tsi tra ka*	Capsicum frutescens
Spyang dug pa	Cirsium souliei		*'u su*	Coriandrum sativum
Spyang tsher	Morina kokonorika Hao		*yo 'bog*	Ulmus
sra 'bras	Syzgium cumini		*yog mo*	Rabdosia rubescens
srad ma rigs	Astralagus sp.		*yu gu shing*	Senecio soliagineous
srin shing	Daphne tangutica		*yu mo 'de'u 'byin*	Paraquilegia microphya
sro lo	Pegaeophyton scapiflorum		*yung ba*	Curcuma longa
srog shing	No currently accepted Latin recognition		*zangs rtsi dkar*	Galium aparin
srub ka	Anemone rivularis		*zangs rtsi nag*	Artemisia hedinii
stabs seng	Fraximus saureolans		*zangs tig*	Swertai mussofi
stag ma' me thog	Rhododendron arboreum		*zhim thig le 1*	Lagopsis supina [Steph]
stag sha	Oxytropis chiliophylla		*zhim thig le 2*	Phlomis betonicoides Diols
stang ri zil ba	No currently accepted Latin recognition		*zhim thig le 3*	Salvia roborowskii
star bu	Hippophae rhamnoides		*zhim thig le 4*	Nepeta coerusens
star ga	Juglans regia		*zhim thig le 5*	Stachys. sp
su mi	Corydalis yanhusuo		*zhim thig le 6*	Galeopsis bifida Boenn.
sug pa	Solms-Laubachia earycarpia		*zhim thig le 7*	Stachys kouyangensis (Vaniot)
sug smel	Elettaria cardamomum		*zhim thig le 8*	Lamium amphexicaule
tang ku	Ledabouriella seseloides		*zhim thig le 9*	Salvia wardii
zhu mkhan	Skimia multinerva		*zla gor zho sha*	Entada phaseoloides
zin tig	Ajuga lupulina		*zva' 'drum*	Urtica triangularis
zir dkar	Cuminum cymnum		*zva phyi A yas*	Urtica tibetica
zir nag	Nigella glandulifera			

Pharmacy and Clinical Training

Pharmacy and clinical training are covered in separate modules in the EHPA 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

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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. At this early stage, tentative equivalents are sometimes given in brackets as indications, without certainty.

5. (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 Transaltion Committee Harper Collins 1994

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

7. 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.

Western Herbal Medicine

Introduction

It is appreciated that there are diverse interpretations and approaches possible within the term "Western Herbal Medicine" and it is not the intention of the EHTPA to limit or proscribe these approaches where they are clearly presented and substantiated. It is required however that each programme in Western Herbal Medicine makes clear its particular approach and rationale to students and does so in a critical and comparative way.

Students should be clear about the provenance of the approach as presented by the institution. The approach which informs the curriculum should be explicit, integrated throughout the course, justified, and referenced so that students are able to consider their clinical practice and underpinning theory from an informed perspective.

Areas of controversy or relatively recent innovation (e.g. combination of eastern and western approaches to understanding herbs) should be clearly identified as such. Although curriculum content may incorporate elements from other traditions, it should be clear that the core central tradition and the majority of course content is Western Herbal Medicine.

Examples of specific designations that may describe a particular approach may include, but not be limited to, *physiomedical, vitalistic, holistic, energetic, phytotherapeutic* and *biomedical*.

A) Materia Medica

Aims

To ensure a sound knowledge and understanding of medicinal plants.

To encourage students to take a broad and continuing interest in medicinal plants and to appreciate issues surrounding their conservation and sustainability.

Minimum level: FIVE/SIX

Learning Outcomes

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

1. Recognise and identify a wide range of medicinal plants, both growing and dried; demonstrate knowledge of basic botany; explain the taxonomy and morphology of medicinal plants.

2. Classify plants according to their actions, e.g. as stimulants, astringents, etc.; 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 and physiological systems are affected by administration of a given medicinal plant; describe the influence of plant remedies on the psycho-social and spiritual aspects of a patient's being.

4. Explain and justify the relative merits of whole plant preparations, standardised extracts and isolated plant constituents for application in holistic treatment.

5. State in detail the dosage range of the medicinal plants studied.

6. Describe in detail the contraindications and incompatibilities of the medicinal plants studied.

7. Apply relevant research skills so that he/she will be able to continue to learn more about the materia medica throughout their life of professional practice (as explained in Module 7 "Core Curriculum on Practitioner Research").

8. Demonstrate awareness of the role of rationality, intuition and experience in prescribing treatment.

9. Describe the relative merits of simples and/or complex herbal prescriptions.

10. Critically discuss the use of native versus foreign herbal remedies.

11. Identify conservation issues as they relate to herbal medicine. Highlight the merits of organic and wildcrafted herbs.

Outline of Syllabus Contents

1 Materia medica

Materia medica is the core subject in medical herbalism along with therapeutics. This subject examines individual plant remedies and discusses the botanical, pharmacognostic, pharmacological and therapeutic aspects of each remedy, along with its indications in treatment, contraindications and incompatibilities, and posology, including dosage indications for elderly patients and children.

The plants are discussed from a traditional therapeutic aspect, and modern scientific research and clinical experience are used to supplement and extend the understanding of the plant as a medicinal remedy. Specific indications are studied, as are herb combinations, synergy, and information sources and literature on materia medica.

2 Botany

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

3 Environmental & Conservation

Discussion of issues surrounding the conservation and sustainability of medicinal plants. Discussion of the relative merits of global versus local herbalism. Have an understanding of the procedures used to ensure correct species identification on entry to, or in the UK.

B) Therapeutics

Aims

To enable students to comprehend the clinical application of the herbal materia medica, using appropriate conventional and complementary diagnostic skills to select herbs and dietary regimes to treat a range of conditions in a holistic way.

To ensure that the student has sufficient knowledge of therapeutic skills to take individual responsibility for sensitive and competent patient care and throughout a course of treatment.

To impart knowledge of the historical antecedents of and innovations in, as well as current context for the practice of Western Herbal Medicine. To impart understanding of the philosophical and theoretical rationales pertaining to the delivery of herbal medicine, with primary focus on the ethos of the individual institution.

To impart knowledge and critical understanding of the rationales for supporting therapeutic modalities that may be employed alongside herbal medicine, according to an historical and theoretical basis.

To place Western Herbal Medicine in context vis-à-vis present-day complementary and mainstream medical practice, and to create awareness of other styles and traditions of herbal medicine that may operate side by side with the style being studied. To impart knowledge of the present-day social, political and legal context for herbal medicine.

To continue to develop research skills so that the student will be equipped to continue to add to their knowledge of materia medica and therapeutics throughout a lifetime of professional practice.

To expand students' awareness of the roles of rationality and intuition in prescription and treatment.

Minimum level: SIX of an undergraduate course.

Learning outcomes

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

1. Give an account of the varying philosophical and theoretical bases for the practice of Western Herbal Medicine.

2. Refer to the historical and contextual aspects of herbal medicine, and differentiate their particular style from others in comparative study. Describe and justify the specific Western Herbal Medicine approach presented by the institution.

3. Determine a specific treatment strategy, selecting appropriate herbal prescriptions and dietary plans for a wide range of conditions, and having regard to the pattern of disharmony particular to the individual concerned.

4. Select for any particular disease or condition a range of possible herbal treatments, explaining the difference of approach in each case.

5. Adapt a prescription appropriately to respond to changing circumstances in the progress of an individual treatment.

6. Deal appropriately with adverse reactions, and recognise and respond to a healing crisis.

7. Give an account of factors involved in prognosis.

8. Identify and discuss the factors involved in selecting appropriate dosages of herbs and treatments for particular individuals and conditions, including dosages for the elderly, children and infants.

9. Demonstrate detailed knowledge of schedule III herbs, and of contraindications in pregnancy.

10. Recognise the limits of herbal treatment and his/her own ability: be able to refer when necessary.

11. Demonstrate an understanding of the professional and social context for their activities as a herbal practitioner in the Western tradition

Outline of Syllabus Contents

1 Theory and Philosophy of Health and Disease

Study of the underlying philosophies , the historical traditions, theories and innovations currently acknowledged within, or affecting Western Herbal Medicine.

An overview of the history of herbal medicine, globally and in the UK, highlighting awareness of the differences and the links *between various styles and traditions*, and between the orthodox and the complementary theories of health and dis-ease, with specific reference to factors determining the evolution of a wide range of conditions, such as described in the syllabus of Core Curriculum no. 3, "Clinical Sciences".

Models for understanding the healing process within the individual patient, referenced to the particular approach to Western Herbal Medicine presented. (NB: These may include, but not be limited to, the concept of the *vis mediatrix naturae*, Hering's Law of Cure, the Biomedical model, or any other modern innovation, provided that all theories presented are referenced, coherent and well-founded). In-depth study of the particular tradition presented by the individual institution.

References in support of an institution's chosen paradigm may be drawn from, but not limited to, the indicative suggestions at the end of this document

2 Strategies

Application of the materia medica; specific herbal and nutritional protocols for the range of conditions specified, and how to respond to individual needs within the basic protocols. Appropriate dosage levels for various conditions and individuals, and how and why these may be varied according to the specific needs of each case. Treatment of multiple conditions: prioritising in selection of basic aims of treatment; understanding the importance of identifying the underlying pattern of disharmony as against treating specific symptoms.

Identifying response patterns in treatment; recognising side-effects and adverse reactions, and selecting appropriate responses to such eventualities; recognising and managing a healing crisis; assessment and management of individual progress during treatment; variation of herbal prescription according to individual response and level of treatment success; factors determining length of treatment to be undertaken.

3 Contingent Factors

Supporting therapies and the role they may play in successful treatment; if and when to refer, or recommend supplementary or alternative therapies; how to interact with other practitioners, including the medical profession.

Assessment of the Core Curriculum (including Module 8)

Institutions should provide a detailed assessment strategy for both theory and practice and justify the assessment methodologies incorporated within it. Assessment of clinical practice could include a viva in addition to other assessment techniques.

Assessment outcomes should demonstrate progression from academic level 4, to level 5, to 6 and from novice to competent practitioner by the end of the programme.

Indicative Reading

Background/Historical

Beck, Lily, translator, 2005. *Pedanius Dioscorides of Anazarbus De Materia Medica.* Zürich, New York: Olms -Weidmann, Hildesheim. (the new English translation, first since Goodyer, 1655, republished 1933)

Beith, M., 1995. *Healing Threads – Traditional Medicines in the Highlands and Islands.* Polygon ISBN 0 7486 6199 9

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Budge, E. A. Wallis, 1978. *Herb doctors and Physicians in the Ancient World: the Divine Origin of the Craft of the Herbalist*. Chicago: Ares Publishers.

Culpeper's *Complete Herbal and English Physician.* various editions.

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Menzies -Trull, Christopher, 2003. *Herbal Medicine. Keys to Physiomedicalism including Pharmacopeia*. FPHM. ISBN 0-9545518-0-X

O' Sullivan, Catherine *et al.,* 2005. *Reshaping Herbal Medicine.* London: Elsevier.

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Practical

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Christopher, John Raymond, 1984. *School of Natural Healing*. Provost, Utah: Christopher Publications

Conway, Peter, 2001. *Tree Medicine. London:* Piatikus

Hall, Dorothy, 1992. *Creating your Herbal Profile*. Keats Publishing. ISBN 8-7983-496-X

Hobbs, Christopher, 1996. *Medicinal Mushrooms.* Loveland, CO: Interweave Press.

Hoffman, David, 2004. *Medical Herbalism: Principles and Practice.* Healing Arts Press.

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Priest, A.W &. Priest, L.R., 1983. *Herbal Medication*. Saffron Walden: C.W. Daniel. ISBN 01-852-43-368-9

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Rotblatt M, Ziment I, 2002. *Evidence-Based Herbal Medicine.* Hanley & Belfus.

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Tillotson, A., 2001. *The One Earth Herbal Sourcebook*. New York: Kinsington Publishing-Twin Streams.

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Weiss, Rudolph Fritz, 1988. *Herbal Medicine*. Beaconsfield: Beaconsfield Publishers, Ltd.

Websites of Interest
http://www.christopherhobbs.com
http://www.self-helpcancer.org/cancertreatment2.htm
http://www.henriettesherbal.com/
http://www.swsbm.com/homepage/ (Michael Moore)
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http://oneearthherbs.squarespace.com/
Felter, H.W and Lloyd, J.U (1898). King's American Dispensatory. [accessed 30.03.05] available at http://www.ibiblio.org/hermed/eclectic/kings

Module 9: Clinical Practice
Minimum Hours: 500

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.

Minimum Level : 6 (HE honours degree)

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

Appendix 1
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:

1. Identify the need for, and function*s* 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.

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

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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.

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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)