

## Building Bridges

The big news to announce this issue is that the Charity Commission has approved the merger of the ICM with The Nature Cure Clinic. So welcome to the first issue of the ICNM Journal (Institute for Complementary and Natural Medicine).

Through this merger, the ICNM can now realise the shared vision of both organisations. The Nature Cure Clinic was set up in the 1920s, with an emphasis on homeopathy and natural treatment and, more significantly, the desire to provide affordable treatments to the public; at the ICM, our commitment to enhance and promote best practice has been the bedrock of the organisation. This commitment extends not only to our BRCP Members but to the wider CAM community.

To this end, the ICNM intends to forge ahead with its focus on educational development. We believe in the personal growth and education of all our Members. As CAM is now an increasingly regulated profession there is now the need to provide evidence of CPD. This enables the public to feel more comfortable that individual practitioners have knowledge that is current and sufficient to provide effective treatment.

This emphasis on CPD ties in with the ICNM's role as the bridge between allopathic, traditional medicine and complementary therapies. Therefore, with the adoption of CPD, it is more likely that our medical colleagues will feel more comfortable in referring patients to our care. At the ICNM, we believe passionately in an integrated approach to health care and will be looking for opportunities to engage with medical colleagues.

The article by Get Well UK Managing Director Boo Armstrong really points the way to how integrated health can work. The project in Northern Ireland is a real inspiration to continue breaking down the barriers between complementary and traditional medicine.

Sandra Goodman, in her feature, also emphasises the importance for practitioners to keep abreast, not only of the law and how it affects their practice, but also to be aware of the latest research and developments within their own fields. This can only be done through rigorous CPD.

We wish all our Members a good Summer and hope you enjoy this latest issue of the Journal.

**Frances Fewell**  
Director, ICNM



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### Something to say?

If you have a news story, up-coming event, point of view, or would just like to be in touch – do contact us on: **020 7231 5855** and ask for Kate, Lena or Frances.

## New faces at ICNM

The ICNM continues to appoint key staff to improve the services to its Members as well as accommodate the recent merger with the Nature Cure Clinic (see story below).



James Legg joins as Business Systems Manager. James is responsible for the technology at ICNM, including all back-office systems and the website. He brings a wealth of experience to the job and

has been working in the technology sector for the past 15 years. Amongst other things, James is working on a complete re-launch of the website which will include new features and functionality. The new website will be launched before the end of this year. James is also training as a homeopath and has a strong background interest in alternative and natural medicines.

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Sarah Walton-Smith joins the team to develop an overall Communications strategy for the ICNM and The Village Well project. Sarah will also be building a bridge of dialogue between healthcare

professionals and complementary therapy. Initially, she will be focusing on an overall public relations strategy for the ICNM. Sarah has spent the last 20 years working in Public Relations and communications within the healthcare industry and brings with her vast knowledge of how the industry works as well as many valuable contacts.



Zanele Woods has joined the ICNM as Administration Officer and PA to the CEO, Frances Fewell. Zanele hails from Swaziland and, for the past ten years, has been working at Anglia Ruskin University in the Health and Social Care Department. At the ICNM, Zanele will also be responsible for liaising with the BCRP Members and working on member recruitment.

## Merger Details Announced

We are very pleased to confirm the completion of the merger between ICM and NCC. The new corporate vehicle has been set up at the Charity Commission, Charity No. 1123644. NCC and ICM have merged and transferred their assets and undertakings into this new vehicle, effective from 31 May, 2008. The charity is now known as the Institute for Complementary and Natural Medicine (ICNM).

## Acupuncture can relieve hot flushes

Acupuncture provides effective relief from hot flushes in women who are being treated with anti-oestrogen tamoxifen following surgery for breast cancer, according to new research.

Jill Hervic, a physiotherapist and acupuncturist at a hospital in Norway has released details of a trial that shows that breast cancer patients who received acupuncture had a 50 per cent reduction in hot flushes, both during the day and night, and that this effect continued after the acupuncture ceased.

Hervic commented: "Acupuncture is increasingly used in western countries to treat the problem of hot flushes in healthy post-menopausal women, so we wanted to see whether it was effective in women with breast cancer suffering from hot flushes as a result of their anti-oestrogen medication.

"Acupuncture seems to provide effective relief from hot flushes, both day and night, for women taking tamoxifen after surgery for breast cancer. This treatment effect seems to coincide with a general improvement in well-being. Acupuncture has two advantages over other treatments for hot flushes. It is cheap and does not cause adverse side effects."



## Homeopathic remedy removed from sale

The Medicines and Healthcare Products Regulatory Agency (MHRA) has ordered the removal of a homeopathic remedy intended to be seen as a treatment or prevention for malaria. Malaria Officinalis 30c was being sold by cosmetics chain Neal's Yard Remedies which has confirmed that it has removed the product from sale.

All homeopathic remedies are classed as medicines and require prior authorisation by the MHRA before being sold on the market. The MHRA was concerned that no record of an authorisation had been given for Malaria Officinalis 30c and said that it was an offence

to sell, supply or advertise this product.

David Carter, Head of the Borderline Team at the MHRA, said: "This product was clearly intended to be viewed as a treatment or preventive for malaria which is a serious and potentially life-threatening disease. We regard the promotion of an unauthorised, self-medicating product for such a serious condition to be potentially harmful to public health and misleading. We are pleased that Neal's Yard Remedies have complied with our request and removed this product from the market."



## Member Benefits

For further Membership details please telephone  
**Kate Tenbeth on:**  
**020 7231 5855**

- *'The Hallmark of Best Practice'*: Our aim and professional by-word for all BRCP Members.
- Professional progression/career path to the status of Senior Practitioner and Fellow of the Institute for Complementary Medicine.
- Employment and work opportunities referral scheme.
- Programme of Continuing Professional Development (CPD) and accredited workshops.
- Excellent Professional Indemnity Insurance with our own Members' policy.
- Access to Specialist Advisors by discipline and region.
- Exemption from London Local Licensing / Registration fee.
- Quarterly *ICNM Journal*, posted free to Members, plus e-Newsletter.
- *Positive Health Magazine* - sent free monthly to Members, as part of ICNM/BRCP subscription.
- Advertising opportunities in the *ICNM Journal* and website.
- Interactive website, with Member forum.
- Events listings, added to and updated on website, with Journal options.
- Developing programme of Conference, Events, bridge-building between CAM disciplines and conventional healthcare provision, Networking, CPD.
- Opportunities for clinical and published Research.

# Northern Ireland

## pathways to health

By Boo Armstrong

***Boo Armstrong is Founder and Managing Director of Get Well UK which she established in 2004. The organisation won the Integrated Health Futures Award for its work in deprived communities in London. Boo is committed to promoting integrated medicine provision. Here she describes an exciting and ground-breaking pilot project in Northern Ireland that could form the prototype for a national programme that would revolutionise the way integrated health is funded and perceived in this country.***

**N**orthern Ireland took an important step towards healthcare integration, one that many of us had been hoping for, at the end of 2005. The Government decided to run a seminar, which led in due course to a pilot project to find out if complementary therapies integrated into the NHS can improve health and save money. This supposition has been put forward for years, but this is the first time a UK government has tested out the idea.

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Why has it done so now? As I understand it, it was primarily because Peter Hain MP, who was then Secretary of State for Northern Ireland, pushed it forward. There must have been a resonance in the Department of Health, Social Services and Public Safety (DHSSPS) whose overall aim is to *'improve the health and wellbeing of the people of Northern Ireland'*.

Another factor in creating change was a homeopath in Northern Ireland, Ken Mayne. Since 1999 Ken has been writing letters to the DHSSPS suggesting that complementary therapies, and homeopathy in particular, have a role to play in transforming the health of their people. Every time a new health minister was appointed you could be assured that Ken's letter was waiting on their desk at their first day in office. An effective one-man campaign. He describes being in a position of knocking on the door of the DHSSPS repeatedly until, with Peter Hain's influence, it suddenly swung wide open.

Ken was invited to speak at a Northern Ireland primary care conference in March 2006 about the potential role of complementary therapies integrated into primary care. His session was unexpectedly popular with delegates and this helped assure the Department that their colleagues in primary care were interested. In May 2006 the Secretary of State's garden party, held at Hillsborough Castle, had a theme of complementary and alternative medicine and played host to Prince Charles and many of the leading practitioners of complementary medicine from Northern Ireland.

An advisory group was formed to help the DHSSPS take the work forward and it organised a seminar in October 2006 just outside Belfast. Many GPs attended, as well as other practitioners, to hear representatives of the different disciplines explain their professional practice, training standards, evidence base and willingness to open up their services outside the private sector. Paul Goggins MP, then the Health Minister, spoke as well and managed to surprise many in the room by announcing a fund to pilot the delivery of complementary therapies within primary care.

I was invited to speak at the conference and share the story of Get Well UK and the standards of practice developed while integrating complementary therapies into primary care in regeneration areas in north London. I was in an interesting position. The day before in Glasgow, I had spoken at a social enterprise conference about delivering health services, and recently been unsuccessful in persuading 302 Primary Care Trusts in England that access to NHS acupuncture, osteopathy and chiropractic services for patients with musculoskeletal problems would help them deliver cost-effective evidence-based primary care. So the harsh reality was that Get Well UK wasn't delivering services. In fact I was facing the prospect of closing our business at a time when we had actually begun to demonstrate that these therapies can reduce visits to GPs, reduce referrals to hospital and significantly improve patients' health.

Get Well UK is a not-for-profit organisation committed to integrating quality assured complementary therapies into the NHS. If you want to contribute in any way, including financially, please contact Boo Armstrong at: [boo@getwelluk.com](mailto:boo@getwelluk.com) or 020 7383 5566

As a consequence of these frustrations I had spent some time studying the budgets of the DHSSPS and had prepared a somewhat tub-thumping talk. What a delight then to quickly digest the fantastic news that was the



Minister's announcement, delete certain slides from my presentation and find myself waving my arms in the air congratulating the country on taking such a wonderful step forward. It was a thrilling event to be part of.

Get Well UK was invited

to help the Government deliver this pilot project. The guidelines we were working with were that the service was to be in primary care, it was to offer a range of therapies (acupuncture, aromatherapy, chiropractic, homeopathy, massage, osteopathy and reflexology) and we were to focus on musculoskeletal problems and mental health problems – both of which are reaching crisis point across the province.

### Recruiting practitioners and patients

The service was due to start in January 2007, we shook hands on the project on December 14, and leapt into action with colleagues in London. Every registered practitioner in Northern Ireland was contacted, the project was explained and they were asked if they would like to work on this exciting pilot project for a year. Of course with regulation being anything but clear at that time, we made some decisions which might have proved unpopular. One was to recruit our aromatherapy, massage and reflexology practitioners through the Federation of Holistic Practitioners. Of course others were unhappy about this decision, so we would really look forward to better regulation as this is one of the stumbling blocks when it comes to integrating many of these therapies. Clearly public money ought not to pay unregulated practitioners.

Practitioners welcomed the chance to apply (some had heard the announcement of the fund on the news and could hardly believe that they were being invited to apply – it was a heady time) and filled in their application forms within a short timescale. Interviews were held in Belfast in January, and the induction day was held in February, three days before Peter Hain officially launched the service to the media. Having the Director of Primary and Community Care, Christine Jendoubi, at the induction cemented the legitimacy and added to the excitement of the journey ahead. We had to wait a few more weeks for police checks to come through and so the first appointments actually happened in early March – osteopathy in Derry and acupuncture in Belfast. It was still a pretty quick set-up time for a project across two cities.

We are testing a delivery model that offers the service in a primary care setting. I think it is important that patients feel safe in their treatment; something that can be enhanced by visiting the same physical space they use for other NHS services. So we were fortunate in gaining support from Belfast City's Arches Health Centre – a beautiful, modern building with a café, Citizens Advice Bureau, crèche, artworks project and community dentistry along with eight GP practices. We moved straight into a perfect clinical room. They even offered us space for our clinical supervision.

In Derry, space was harder to find. It took the foresight of a GP who met with me one Sunday afternoon to discuss the project. She wanted counselling services which I couldn't offer, but she was desperate to be able to offer people in her community something other than medication for their emotional and mental health. The drugs are strong, she said, but there is a law of diminishing returns so how many times can you offer them and expect a response? There was also an initiative taking place to help people come off benzodiazepines. I explained that we were aiming to treat 700 people over the course of a year and this was split between Belfast and Derry. She told me to come back at lunchtime next day for a list of 350 of her patients who she could refer to the service; a sobering experience.

It was a real pleasure to cycle around Belfast visiting its many community projects and getting a feel for the city and how things worked on the ground. With the Peace Money that followed the Good Friday Agreement, many community projects had funded complementary therapies so awareness of these therapies was higher than I had expected.

The 2006 DHSSPSNI Report Public Attitudes to Health and Social Services in Northern Ireland (2006) includes information about the use of complementary and alternative medicines. In the previous 12 months 23% of 1,500 respondents had used CAM. There was a high degree of public support (60%) for GPs referring patients to CAM, with the majority (55%) of the public in favour of the NHS paying for patients to use CAM. ([www.dhsspsni.gov.uk/io-public\\_attitudes\\_survey.pdf](http://www.dhsspsni.gov.uk/io-public_attitudes_survey.pdf))

One project I visited was a women's centre in West Belfast. I understood many of the struggles – lack of space for treatments, recruiting and retaining volunteer practitioners, endless funding applications, monitoring forms all asking for different data and reports. I had nearly burnt out when I ran a women's community health centre. The centre manager I met was doing all of this while coping with firebombs next door, and a finance worker who couldn't go to work because of death threats. Suicide levels among young people in the area are shockingly high: three young people from this one estate had died recently. I left full of admiration and determined to take seriously my responsibility to deliver this service as well as I knew how, and with integrity.

## Clinical governance

NHS policy insists on continuous quality assurance and improvement. So, like any other NHS service, our project was expected to have a strong clinical

The Life and Times Survey of Northern Ireland 2005 included a module of questions about complementary therapies for the first time. 47% of respondents have used CAM and 29% had used a therapy within the past 12 months. ([www.ark.ac.uk/publications/updates/update50.pdf](http://www.ark.ac.uk/publications/updates/update50.pdf))

governance framework. Although audit and evaluation of the service had to be vital, the speed of the announcement meant that independent auditors could only be appointed several months after the pilot began. (Social and Market Research published their findings at the end of March 2008)\*. However, from previous experience we had a good idea of what data we needed from our key stakeholders – the patients, practitioners and referring GPs – and ready-made systems to collect it.

As in previous Get Well UK projects, we decided to use the *Measure Yourself Medical Outcome Profile* (MYMOPs) developed by Dr Charlotte Paterson, Senior Research Fellow at the Institute of Health & Social Care Research at the Peninsula Medical School, Universities of Exeter. This audit tool allows patients to report on their health improvements from their own perspective. It is a simple, quick and user-friendly process. We also collect feedback from both the referring GP and the treating practitioner about the clinical effectiveness of the treatment. Our aim is to have complete sets of data for each package of care.

After treatment, as well as completing their MYMOP form, every patient is given a pre-paid envelope and a short form to give feedback about the practitioner who treated them and the service they received through Get Well UK. Social and Market Research also conducted five focus groups and a postal survey of all patients, GPs and practitioners early in 2008.

At the end of every package of care the practitioner writes notes under the headings 'presenting condition', 'diagnosis', 'treatment', 'outcome' and 'recommendation'. These are sent in a letter to the patient with a copy to the GP for their patient's medical file. This channel of communication is essential for GPs to understand the range of services their patients have and helps educate GPs about the knowledge and professionalism of complementary therapy practitioners.

The final report is with government officials now and the future of the project rests with Michael McGimpsey MLA, the Health Secretary.

### Want to hear more?

You can listen to *Pathways to Health* the CD distributed to all GPs in Northern Ireland, as a 26-minute podcast. In the style of File on Four, this audio-documentary features an interview with a referring GP, four patients and the practitioners who treated them. [www.getwelluk.com/patients.aspx](http://www.getwelluk.com/patients.aspx)

When it is in the public domain, the full pilot project evaluation will be available at [www.getwelluk.com/publications](http://www.getwelluk.com/publications)

\* We hope to look at this research in the next issue of the Journal.

## Setting Standards

The Get Well UK recruitment process has two stages: a written application and a face-to-face interview.

All practitioners must demonstrate the following:

- 2 years post-qualification experience
- Minimum of £2m public liability insurance
- Registered with their professional body
- Working with at least 20 patients per month
- Commitment to working in the NHS
- Commitment to practice audit
- Commitment to attend monthly clinical supervision meetings
- Criminal Records Bureau Disclosure
- 2 professional references

Furthermore practitioners must pass our six-point test to demonstrate their suitability to treat patients. Practitioners must:

- ensure that patients are able to clearly understand what the practitioner is doing,

how the treatment might help, what they can expect during and after treatment, and what the limitations of the treatment are;

- be able to demonstrate a proven commitment to equal opportunities and work with a diverse patient population;
- demonstrate a positive attitude to inter-professional working and collaboration with other health and social care professionals;
- respect the rights of patients to use all forms of healthcare, including conventional medication, and have a clear understanding of the safety issues involved when patients have a desire to reduce or stop other medical treatment;
- demonstrate an understanding of their own limitations, and know when to refer patients to another professional and to recommend cessation of treatment;
- demonstrate a commitment to continuous professional development (CPD), including evidence that they have attended training courses over the last year.

# Professional Growth and Survival through Knowledge and Independence of Thought

by Sandra Goodman PhD

*The pathway and progression within complementary medicine is often highly individual, bringing together a wide range of training and skills which may be different for each of us. Sandra Goodman, Editor of Positive Health Magazine, and published writer, gives her view of the opportunities and challenges in our profession.*

## Complementary Medicine Not a Standard Career

Being a Complementary Practitioner for most people is almost always an 'outside of the box' profession. Whether the discipline you practise is Aromatherapy, Homeopathy, Nutrition, Massage, Acupuncture or any of the other myriad therapies which are not considered to be 'conventional', your professional life is not generally a standard career which you aspired to and trained for from an early age. The many hundreds of practitioners I have known over several decades, whether medically, scientifically or therapeutically qualified, have more often than not experienced several career-changes throughout their professional lifetimes.

Many conventionally trained doctors, nurses, dentists and others, having decided to stretch beyond the limitations, philosophy and practices of pharmaceutical-based drug medicine, have explored other therapeutic modalities and have become pioneers in developing new integrated treatment approaches to the chronic illnesses of our time – asthma, heart disease, cancer, arthritis. With advanced training, experience and practice of medicine, along with association with and the protection afforded by their prior knowledge and status, these practitioners have usually been able to forge a satisfying and therapeutically effective livelihood outside the NHS.

However, this is not the case for a 'typical' Complementary Practitioner, who may have trained as a mature student, often with family responsibilities, often part-time and who has, years later, emerged with a Diploma or even a Degree in their chosen discipline. Unlike conventional professions, where one can apply for and take up advertised positions within companies, clinics, hospitals, etc., many practitioners are faced with the unenviable task of setting up their own practice either working from a clinic or from home.

## Acquiring Business Skills

In essence this means setting up a business, with all that that entails. So, although they may have been focussed for many years upon the academic and therapeutic path of mastering their subject, now, in order to succeed, they are forced to become business people. There may be a myriad of skills in which they are totally inexperienced, such as marketing, accounting, administration, law, insurance, personnel or computing, that practitioners have to

negotiate in order to establish their practice. Not the easy life compared with a person trained in a 'conventional' career such as nursing, physiotherapy or dentistry, where they can take up a job in a hospital, clinic or private practice where these ancillary skills are performed by other employees.

With the hopeful progression to an integrated approach to healthcare, where the current dichotomy between 'orthodox' and 'complementary' medicine no longer exists, there may come a time when a person aspiring to become a Nutritional or Chinese Medicine or Massage practitioner, can for example, upon graduation, join a hospital or clinical practice alongside other healthcare professionals of other disciplines.

However, until such time, there are many lessons to be learned, often the hard way, outside the practitioner's chosen discipline. Indeed, it could be argued rather convincingly, that with the rapid changes forecast in technology, the economy and global issues including climate change, food shortages and environmental pressures in water, fuel and housing in the 21st Century, the era of the single-career life has ended.

### **Our Lives and Careers the Sum of our Past Experiences**

My own zig-zagged career path, from aspiring doctor to agricultural scientist, to author and researcher, to editor and publisher of a magazine (*Positive Health* – PH)<sup>1</sup> about Complementary Medicine, could be viewed as an extreme example of how skills combined with social conscience, can lead one to veer away from the safer occupations. We are all a work in progress, and we bring all the skills we have learned to our present position in life. And by position, I mean this in the fullest sense, i.e. our work, our family life and our personal and spiritual beliefs and charitable endeavours. It is common sense that we can't subtract what we already know and have achieved from who we presently are.

Hence, I have brought my medical, scientific and typesetting and editing training, authorship of nutrition books, together with the experience of setting up a Cancer and Nutrition database to my editorship of PH. When I co-founded PH with my partner, I had not trained to be a magazine editor and publisher. I had gained valuable experience in typesetting, editing and production of books; however I had to learn and develop the wide array of skills required to publish a serious monthly. These included obvious visible tasks - commissioning and editing articles, sourcing published research, news items, advertising and subscription sales, professional typesetting, producing final artwork, printing, distribution, and developing an online internet presence. There were also less visible, but tangible elements required to publish a magazine – employees, finance, corporate structure and credit, as well as the very important more intangible entities so important to building a successful brand – goodwill, reputation and integrity.

The details of the road of my life may be different from every other person reading this article; but in essence, everyone learns and develops new skills and insights from their everyday experiences in their academic, personal and employment lives. The glue which holds everyone's life and career together necessitates some connection to the wider social fabric – even the individual practitioner, journalist or author must, at some stage, interact with their patients, their newspaper boss or publisher, in order to perform their work and ultimately be paid. Although many of us may opt out of the so-called rat race and prefer to downsize and pursue a quieter life, it is a delusion that we are somehow independent individuals, separate from the wider community.

### **Ensuring our Professional Growth and Survival**

Hence, to grow in whatever endeavour we have chosen, we need to set up mechanisms to ensure our financial and legal viability. This may mean acquiring accounting and finance skills, or working in partnership or employing accountants, solicitors, insurance and financial advisors. For Complementary Practitioners these ancillary services, which may be hidden from your patients, may hold the key to whether your business or practice ultimately becomes successful and survives. With litigation becoming more prevalent in all areas of our lives, being aware of the laws which pertain to your profession is an absolutely vital part of your ongoing education. For example, practitioners working with cancer patients need to be aware that it is against the law to treat cancer patients unless one is a medical doctor. It is, however, perfectly legitimate to offer advice and guidance to such patients. It is also illegal to purport to cure cancer by any means other than by surgery, radiotherapy and chemotherapy.<sup>2</sup> With such laws on the statute books, nutritionists or other practitioners are wisely advised to forge partnerships with doctors and professional clinics so that they can work with patients in their capacity as nutritional or herbal practitioners as part of a clinical team.

During my 14-year period of editing PH, I can recall several high-profile legal cases between practitioner associations for breach of copyright or use of name, as well as charges brought against practitioners for alleged sexual assault or misdemeanours. These are the publicly known cases – many more rumours abound. Therefore it is

paramount that every practitioner looks critically at all aspects of their practice and see whether they might be vulnerable to charges of sexual impropriety. This would of course apply more to bodywork practitioners who regularly work with unclothed clients.

Equally important in this era of media scrutiny is the absolute requirement for practitioners of nutritional and herbal medicine to keep up-to-date with published literature, so that they will be applying their expertise in the most therapeutically effective manner. By reading widely from journals, books and trade publications, practitioners will become aware of new products, improved techniques, trends in research and will improve their effectiveness. They will also become more expert in sifting through the high-profile media attacks on some complementary therapies if they know the true position of published claims.

Nutritional and herbal medicine have become highly polarised and politicised, with governments, international organisations and corporate entities imposing their own agendas. The battle to restrict nutritional and herbal supplements has become a global one – with published research the weapons currently being used. Understanding the complexities of how research is conducted and published is vital to being able to discriminate and form your own view of what is correct. The latest meta-analysis studies purporting to show that certain antioxidant supplements can cause premature death are a master class in suspect manoeuvres of data manipulation.<sup>3,4</sup> This is becoming a heavy and I suspect, dirty game.

When I reflect upon my own career, which is still a work in progress, as I am not yet in the ground, I have mixed thoughts. Part of me thinks that if I had stayed with my original chosen career, the one favoured by my father – Medicine – perhaps my life would have been easier, more financially secure. However, the other more crazy, creative side of me, acknowledges that being an idealist, visionary, pioneering sort of person, that these attributes would have surfaced, along with my literary skills, even in Medicine. I have arrived where I am, scientific researcher, author and editor, due to my perhaps foolhardy tendencies to trust, take risks and follow my goals, even when I am slaving away at my everyday work. It is hoped that some of my hard-won experience and advice can be of use to others.

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# Landscapes, Gardens and Sacred Geometry

By Christian Kyriacou

*Christian Kyriacou RIBA, MCSD DipBM, is a chartered architect, interior designer, composer musician, and Feng Shui consultant. He has run his own architectural practice since 1970, designing major public projects as well as residential and educational premises. He is a member of the Royal Institute of British Architects, the Chartered Society of Designers and the Performing Rights Society. He is also a Director of The Village Well Ltd.*



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The integration of Sacred Geometry in our buildings, landscapes and gardens goes back to ancient times. The quest for reflecting the cosmic balance of the feminine and masculine energies has always been at the heart of design. By ensuring a balance of yin and yang energies in our building and surrounding landscapes and gardens, we acknowledge, venerate and resonate the harmonics which are an integral part of us, reminding the human spirit of its true connection to the universe.

At Hampton Court Palace (just south-west of London) the architects make use of the combination of buildings and landscape to reflect not only the female/male principles, but also the earth energy lines which connect the building through its gardens and into the surrounding landscape and towns, thus acknowledging that all parts have connection and resonance with each other.

The central earth vortex energy, located in the inner hallway of the Christopher Wren building, rises and radiates through the land via the three radial avenues and spreads out into the landscape to significant sacred sites. The first radial (left arm standing at the centre) runs towards Kingston church (which is said to be at the heart chakra of the European grail line according to Peter Dawkins' research). The other two radials run to locations to be discovered by the reader.

Out in the gardens, the trinity energy is also reflected in the sculpture of the three graces.

We find reflections of the same energetic framework in Rome. The roads and avenues around the Vatican are full of sacred geometries and a triple radial is clear to see on the aerial image.

Just behind the earth vortex centre, is the inner courtyard of Hampton Court. The expression of the balance of the feminine and masculine energies is found in the head sculptures alternating from female to male. We find this concept throughout the architecture of the ancients and typically in cathedral cloisters, which have a symbology of alternating forms of arches representing female and male principles.

Within the open courtyard is a central circular fountain with the symbolism of the 'feminine water pool' and 'masculine water jet'.

## Chalice Well

At Chalice Well gardens in Glastonbury, sacred geometry abounds in the symbolism of the original design as well as later additions such as the geometric water fall. The vesica piscis symbol of the well itself is a known



Hampton Court Garden

ancient cosmological energy movement from unity to duality, the complete circle to two intertwined circles, the marriage of the sacred feminine and masculine, the creation in balance.

The waterfall spins the water to natural geometries thus reminding the water molecules of their sacred origins and thus ancient healing powers.

### Creating space to optimise well-being

Our homes hold the energy matrix of our thinking and behaviour as well as their own historical imprint and that of the land. In these unprecedented times of change on this planet, it is essential that those of us working in service are living and working in spaces which support and optimise our well-being, to enable us to flow with grace and ease through this process of transformation.

*'Drink the water and remember who you are...'* ancient sage saying

Christian says his inspiration comes from over 38 years of study and practice of music, Oriental Philosophies, Meditation, Sacred Sound, Sacred Geometry, Sacred Architecture, Geomancy, Vastu and Feng Shui. He is the co-founder and teacher of the London School of Feng Shui. He designs new and adapts existing buildings, incorporating Feng Shui and classical principles of architecture, sacred geometry and proportion, musical ratios, spatial harmonics and energy matrix structures. For further details: [www.kyriacou.com](http://www.kyriacou.com)



### Healing Spa, Brighton

Christian has most recently been involved in re-developing the Healing Spa in Brighton. Here he describes how the process worked.

"The project, designed within the former Music Library, is being designed incorporating Sacred Geometry, Feng Shui and Vaastu principles. The aim is to nourish all levels of our physical, emotional and spiritual being.

By building into the design these ancient yet most relevant principles, the vibrational pattern is set into a harmonious foundation for whatever activities are happening within the spaces."





## Blackberry, Raspberry and Fennel Salad

Serves 4, Vegan

**Preparation time: 20 minutes**  
**Cooking time: 10 minutes**

### Ingredients :

- Salad
- 50g walnuts
- ¼ cucumber
- ½ fennel, very thinly sliced / shredded
- 85g watercress, thick stalks removed
- 1 round green lettuce, washed and dried
- 150g blackberries, washed and dried
- 150g raspberries, washed and dried

### Dressing

- 150g silken tofu
- 5½ tbs good quality French dressing
- 1 slightly rounded tbs caster sugar

# Summer Tagine

Can be vegan\*  
 Serves 4

12

SUMMER 2008

**Prep Time: 20 minutes**  
**Cooking Time: 30 minutes**

### Ingredients

- 1 kg vine tomatoes, skinned, deseeded and chopped
- 250g green beans, blanched and cut into 2 cm pieces
- 175g podded broad beans, blanched and peeled to remove tough outer skin
- 1 medium onion, finely chopped
- 4 tbsp olive oil
- 1 tsp cardamom seeds
- 1 tsp ground cinnamon
- 2 tbsp tomato puree
- 2 tsp runny honey\* or light muscovado sugar

### To garnish

- 35g toasted walnuts, chopped
  - 1 medium lemon, cut into wedges
- Season to taste

### Method

1. Saute the onion in 2 tbsp olive oil until soft before adding the tomatoes and spices. Cook gently until the tomatoes start to break up and then add the puree, the other 2 tbsp oil and a little water if the sauce seems too thick. Season well.
2. Add the green beans and simmer gently for 15-20 minutes until cooked but still crunchy, adding a little water if necessary.
3. Finally stir in the honey and the broad beans and simmer for a further 5 minutes, at which point the sauce should be quite thick.

Serve with a fruity couscous with fresh herbs.



## Method

1. Preheat oven to 200C / 400F / Gas mark 6. Spread walnuts out on a baking tray and put in hot oven for about 4 minutes until lightly roasted. Remove from oven and cool.
2. To make the dressing: Drain the silken tofu by putting it in a bowl lined with kitchen paper and patting dry. Transfer French dressing to a small liquidizer together with the silken tofu and the caster sugar. Blend for about 30 seconds until creamy. Put into a bowl ready to serve.
3. Continue with the salad: Cut the cucumber in half lengthways, and then thinly slice to make half-moon slices. Mix these with the fennel and watercress
4. Arrange whole green lettuce leaves on four plates, and pile the cucumber mixture on top. Scatter with the blackberries, raspberries and roasted walnuts and serve, passing the dressing round separately.

These recipes are part of twelve mouth-watering, monthly recipes, included in *Season to Taste* a collection of recipes using seasonal and locally sourced produce and are available free of charge by calling 0161 925 2000.

© The Vegetarian Society – (recipes created by the Cordon Vert cookery school) [www.vegsoc.org](http://www.vegsoc.org).

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## Diary of Events

### MBS Festival

**When:** 28th - 29th June / 20th - 21st September 2008

**Where:**

The Pavilion Gardens, Buxton, Derbyshire. The Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, North Yorkshire.

**What:** Over 80 stands at each festival with complementary therapies, crystals, psychic readings, books and philosophies.

**For more information:** [www.mbsfestivals.com](http://www.mbsfestivals.com)

### Glastonbury Fayres

**When:** 4th - 5th July / 8th - 9th August 2008

**Where:** Assembly Rooms, High St, Glastonbury

**What:** Every month we feature talks, lectures, demonstrations and workshops from international guest speakers, alternative shops, artwork, psychic readers and therapists offering a range of services.

**For more information:** [www.glastonburyfayres.co.uk](http://www.glastonburyfayres.co.uk)

### Quest

**When:** 3rd - 6th July 2008

**Where:** Newton Abbot Racecourse, Devon

**What:** A line up of musicians, workshops and more than 100 stalls.

**For more information:** [www.quest.co.uk](http://www.quest.co.uk)

### BSSK Mind Body & Spirit Event

**When:** 5th - 6th July / 21st - 22nd July 2008

**Where:** Grimsby Auditorium, Cromwell Rd, Grimsby, DN31 2BH / Spingfields Exhibition Centre, Spalding

**What:** Wide selection of talks, stalls and products.

**For more information:** [www.bssk.co.uk](http://www.bssk.co.uk)

### North Star MBS Events

**When:** 19th - 20th July / 2nd - 3rd August 16th - 17th August 2008

**Where:** The Marine Hall, The Esplanade, Fleetwood, Lancashire / The Woodvale, International Rally, Southport, Merseyside / North Wales Conference Centre, Venue Cymru, The Promenade, Llandudno, North Wales.

**What:** Various talks, workshops & demonstrations related to self-discovery.

**For more information:** [www.northstarmbsevents.co.uk](http://www.northstarmbsevents.co.uk)

### The Natural Living Show

**When:** 16th - 17th August / 13th - 14th September 2008

**Where:** Queens Park, Chesterfield. Parklands Leisure Centre, Oadby, Leicester

**What:** Exhibitors, organic foods and crafts & gifts from around the world.

**For more information:** [www.thenaturallivingshow.co.uk](http://www.thenaturallivingshow.co.uk)

### Health & Harmony

**When:** 13th - 14th September 2008

**Where:** Armitage Centre, Manchester

**What:** A 100 stands including herbalism, homeopathy, body work, iridology and personal development.

**For more information:** [www.health-harmony.net](http://www.health-harmony.net)

### Holistic Health

**When:** 21st - 22nd September 2008

**Where:** Donington Park, East Midlands

**What:** Including the latest products, treatment launches, equipment innovations and training courses.

**For more information:** [www.beautyserve.com/Events/HolisticHealth](http://www.beautyserve.com/Events/HolisticHealth)

### The Beauty and Body Show

**When:** 27th - 28th September 2008

**Where:** Norfolk Showground, Norwich, NR5 0TT

**What:** The latest health and beauty products and treatments.

**For more information:** [www.beautyandbodyshow.co.uk](http://www.beautyandbodyshow.co.uk)

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