

Applying for AHG Professional Membership

A Webinar of the American Herbalists Guild

More information at

<http://www.americanherbalistsguild.com>



Why might you apply?

Your name, RH (AHG)

Your City, ST

(001) 555-5555

Increase professional credibility by
identifying yourself as a Professional
AHG Member or as a Registered
Herbalist [RH(AHG)]



AMERICAN HERBALISTS GUILD - An Association of Herbal Practitioners



- Network and gain professional insight from other professional AHG members.



David Winston



Althea Northage-Orr



Michael Tierra



AMERICAN HERBALISTS GUILD - An Association of Herbal Practitioners



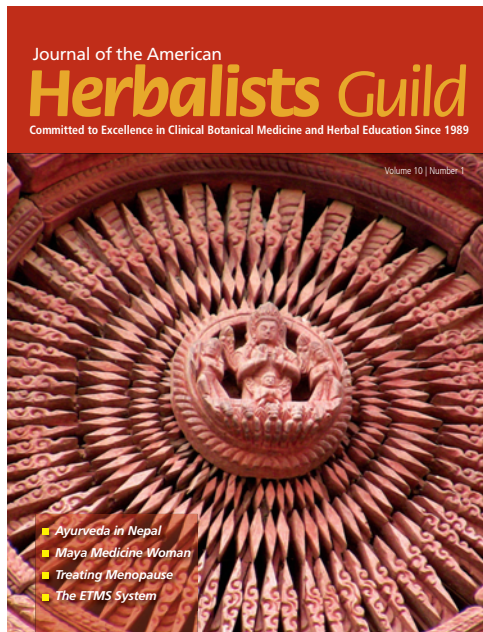
■ Because you support and believe in the goals of the AHG

- Honoring diversity in traditional, indigenous and modern clinical therapy
- Establishing professional standards
- Promoting research and education in herbal medicine
- Fostering ecological and medicinal plant conservation
- Networking herbalists nationally and internationally
- Upholding standards of ethics and integrity in herbal practice
- Facilitating cooperation between herbal practitioners and other health care providers
- Serving as liaison to other professional and regulatory agencies



AMERICAN HERBALISTS GUILD - An Association of Herbal Practitioners

■ You will receive the outstanding AHG professional journal



Upper Respiratory Infection (URI) in Children: The Emerging Need for Botanical Strategies

By Aviva Romm, RH (AHG), CPM



Aviva Romm,

Overview

Upper respiratory tract infection (URI) is an acute infection that involves inflammation of the respiratory mucosa from the nose to the lower bronchi, not including the alveoli. Conditions categorized as URI include: the common cold (viral rhinosinusitis), pharyngitis (redness and inflammation of the throat), sinus infection (sinusitis), cough (bronchitis), and ear infection (otitis media). Influenza, laryngitis, and respiratory syncytial virus are also considered URIs. Most URI is viral, with over 200 known causative viruses

reported the consumption of 235 million antibiotics in 2001. It is estimated that these were unnecessarily prescribed for children (Dowell et al). Antimicrobial drug use is highest for children (Dowell et al). The prescription of antibiotics accounting for 10% of antibiotic prescriptions (Besser 2003).

Much of the rationale for antibiotic use in children, despite known lack of efficacy, lies in preventing complications (i.e. pneumonia, secondary bacterial infection, or to



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You will gain access to other member benefits, including training webinars

Fibromyalgia
Natural Methods
and
Novel Approaches

K. P. Khalsa
August, 2011



Herbs and Emotional Healing

With Steven Horne, RH(AHG)



Colorado Columbine Photo by Steven Horne



VASCULAR SUPPORT

Mimi Hernandez, MS, RH(AHG)





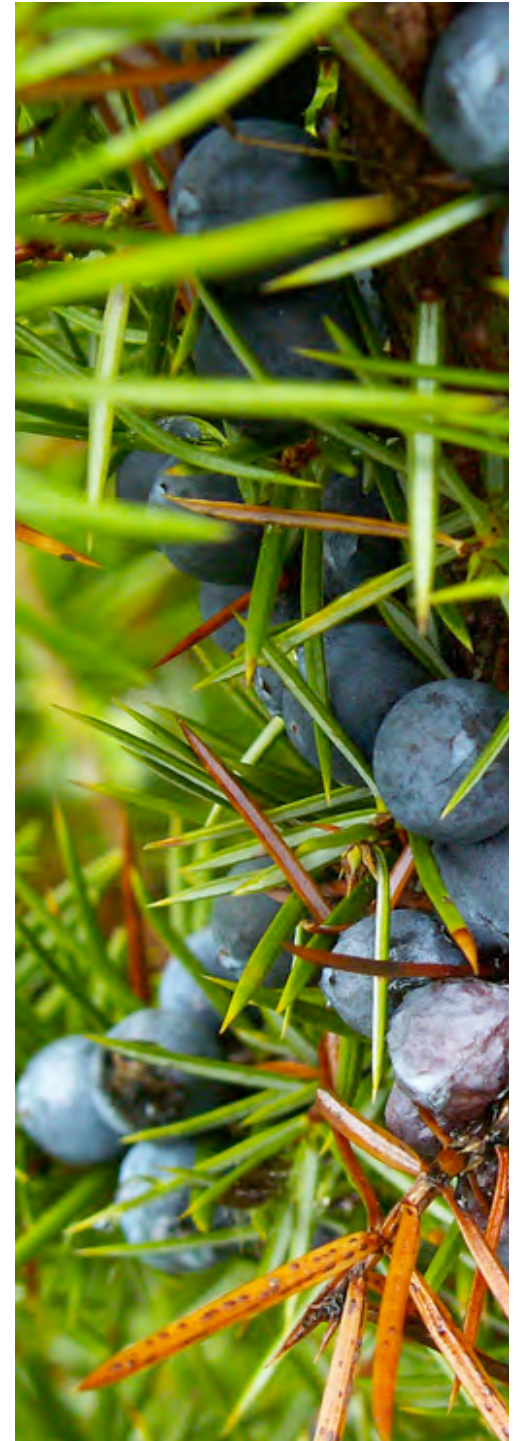
AMERICAN HERBALISTS GUILD - An Association of Herbal Practitioners



You will gain the satisfaction of knowing that you have attained the status of being a part of the North American distinguished community of medical herbalists

The Admissions Committee

- Five dedicated senior professional AHG members
- Years of practical clinical experience
- Varied backgrounds including
 - western herbal medicine
 - Eclectic medicine
 - TCM
 - Ayurveda
 - Native American traditions



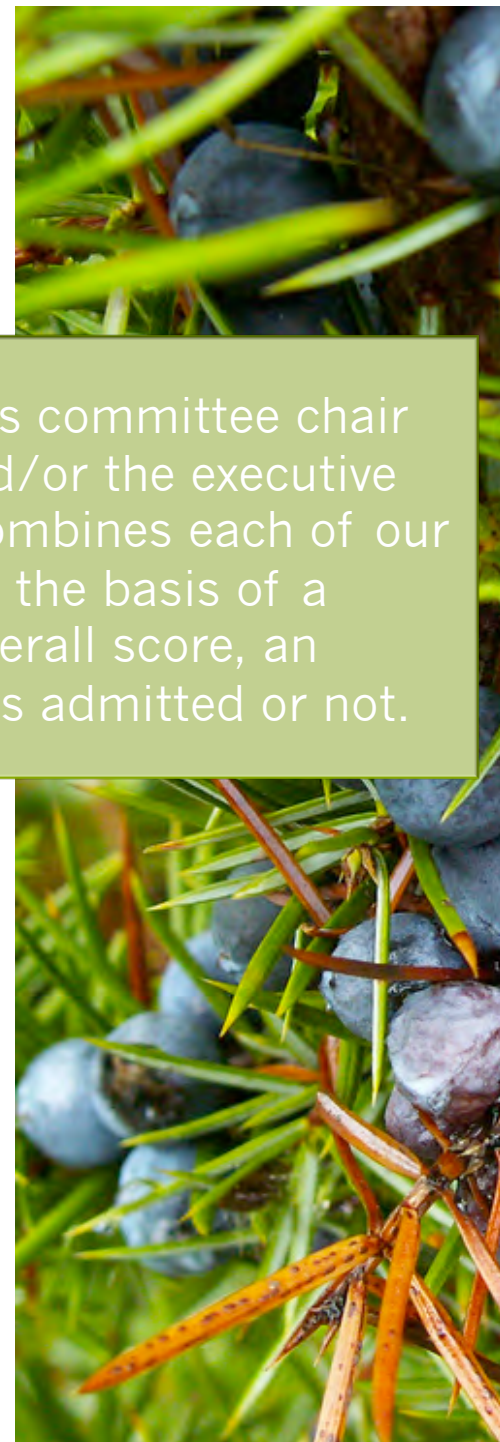
How Applicants Are Evaluated

We each receive a copy of your application and use a point system to evaluate each of the three sections.

Points are tallied and sent to the AHG office

Admissions committee chair person and/or the executive director combines each of our scores. On the basis of a passing overall score, an applicant is admitted or not.

- Volunteer process
- Please allow three months to hear back
- We reserve the right to confer with each other for some applicants.
- You may not receive a high score with some questions but do well in others, which may be enough for you to receive a passing score





AMERICAN
HERBALISTS
GUILD

CRITERIA FOR PROFESSIONAL MEMBERSHIP

Materia Medica
Therapeutic Framework
Practice Management and Ethics
Basic Sciences
Academic and Clinical Experience

Materia Medica

A working knowledge of at least 150 plants

- Traditional and historical uses
- Therapeutic actions
- Dosing, forms of administration
- Contraindications
- Possible herb-drug interactions
- Basic phytochemistry relevant to therapeutics



Apothecary photo by
Trysta Major

Therapeutic Framework

- Theoretical foundation for developing herbal treatment protocols
- Demonstrated ability to conduct a comprehensive case intake and assessment upon which to build a protocol:
 - How do you structure a case?
 - What questions do you consider important?
 - What are your assessment tools?
 - How you form a diagnosis and the rationale for the protocol you choose?



Apothecary photo by
Trysta Major

Practice Management and Ethics

- Understanding personal limitations and scope of practice
- Ability to refer to and consult with other health professionals
- Demonstration of commitment to ongoing botanical medicine education



Apothecary photo by
Trysta Major

Basic Sciences

- Relevant and practical understanding of
 - anatomy & physiology
 - plant chemistry
 - pathophysiology (whether through independent or formal education)
- Many practitioners learn in a variety of ways
 - self study
 - seminars
 - college classes
 - internships



Apothecary photo by
Trysta Major

Academic and Clinical Experience

- A minimum of four years of combined academic training
- (independent study + formal education) and clinical experience are required prior to application



Apothecary photo by
Trysta Major

Academic Training

- Basic Human Sciences (200 hrs)
- Anatomy
- Physiology
- Pathology
- Biochemistry
- Medical Terminology
- Nutrition



Apothecary photo by
Trysta Major

Academic Training

- Nutrition
- Botany and Plant Identification (60 hrs)
- Materia medica/Therapeutic Herbalism (400 hrs)
- Pharmacy, Pharmacognosy and Dispensing (80 hrs)
- Clinical Skills (400 hrs)
- Career Preparation/Practice Development/Ethics (20 hrs)
- History & Philosophy/Introduction to Research (40 hrs)



Apothecary photo by
Trysta Major

Clinical Requirements

- A minimum of two years of clinical experience (through independent practice, formal mentorship, or supervised clinical training as part of an academic program, or a combination)
- Total= at least 400 hours, with at least 100 different clients during this period



Apothecary photo by
Trysta Major



Standard Application Process

Completed application

AHG Code of Ethics

CV/resume

Application fee

Question A: Training

- Training programs you have attended, completion dates, and the names of your primary instructors
- Documentation for 400 hours of clinical experience
- Degrees, diplomas, and/or licenses you hold
(You must submit photocopies of these along with your application)



Question B: Your Practice

- How long you have been in practice
- Areas of specialization (e.g. women, children, autoimmune diseases, etc.)
- Who your mentors, supervisors and teachers have been
- Any internships or other supervised activities, such as apprenticeships or case review groups



Question C: Number of clients you have seen

- What is currently a typical case load in your practice?
- How many new patients do you see on a regular basis, and how many are return visits?
- If you have not started a practice yet but have 400 hours of clinical supervised practice (in a student clinic, for example) you are qualified
- If you have 400 hours of mentored practice you are qualified



Question E: Methods of Practice

- How long do you spend with a patient?
- What is your intake process?
- Do you ask questions about the entire history of a client, lifestyle or other things?
- Do you work from an energetic or a scientific model?
- Do you utilize lab results, pulse diagnosis, or other forms of physical assessment?



Question F: With whom do you consult when needed?

We like to see a variety here –

- Who are your “go to” persons when you have matters outside the scope of an herbal practice?
- Do you have relationships with mainstream practitioners as well as alternative practitioners?



Question G: Your work experience in the herbal field

- Let us know about all your experiences in the world of herbalism and how they have contributed to who you are
- Include volunteer work and networking– let us know how you shine!



Question H: Contributions you can make to the AHG

We believe that you can contribute and make us a better organization – please tell us:

- Your other skill sets
- Things that you feel are your personal strong points



Question I: Legal or ethical disputes

If you have had any difficulties legally or have had accusations leveled against you, please take the time to explain

- what happened
- how the matter was resolved
- whatever else you feel we need to know



Question J: Why do you want to join?

- This helps us to build an organization that is responsive to the needs of our membership.
- Please take the time to let us know what you feel is the main role of a professional organization, and how you would like us to carry it out.



Question K: Your reference books

- Fine to have a general herbal reference or two
- Should also include other, more weighty books
- If you often reference the works of authors such as the Eclectic physicians, or traditional sources, we are interested to know this.



Question L: What journals do you read?

- Journal need not be only herbal.
- Do you read other types of medical or health journals?
- Online journals are acceptable here as well



Question M: Personal Statement

- Let us know your views on the role of herbal medicine in the modern world. Do you see it as complementary medicine or as a stand-alone medicine?
- What do you think comprises real healing, and what is the role of the practitioner vis-à-vis the patient?
- Include any ideas that are important to you



Question N: Your letters of reference

- Letters from practitioners of the medical arts that are also familiar with herbal medicine. Do NOT have to be AHG professional members.
- May be practitioners of orthodox or alternative medicines
- A letter from one or more of your teachers is preferred
- Letters from colleagues



The Clinical Protocol Section

- Five theoretical questions, some perhaps partially based on an actual case.
- Not enough information is provided to you for a definitive answer.
- Provide answers on a provisional basis: ‘if such and such, then I would do thus’



The Clinical Protocol Section

- We grade on a point system based on:
 - your assessment and differential diagnostic skills
 - etiological understanding
 - how such a condition happens, etc.
 - possible effective/rational treatment protocol
- We are also evaluating:
 - your understanding of potential risks
 - herb-drug interactions
 - scope of practice



Part 3: Materia Medica

- Five herbs: what do you know about each; how do you use them in practice; what contraindications, adverse reactions, and interactions are possible.
- Even if in practice there is no evidence of a negative reaction reported, you are at least aware of the possibility.
- Who would you and would you not give a particular herb to?
- Honor system, without reference to texts.



Your Case Studies

This is the fourth part of the application and it is very important.

- We are less interested in whether you actually cured everyone
- Should be a practical demonstration of how you apply what you know based on the same three criteria as in Section two on clinical protocols.



Your Case Studies

Present some of your better, tougher cases

- Suggestions on diet and lifestyle
- Herbal protocol
- Supplements or other treatments you may have utilized
- Emphasis should on herbs, diet and lifestyle, not acupuncture, chiropractic or drugs, but if you used any other means say it.

We want to be impressed by your skill both as an herbalist and practitioner and are also very interested in follow-up assessment and any changes you may implement.



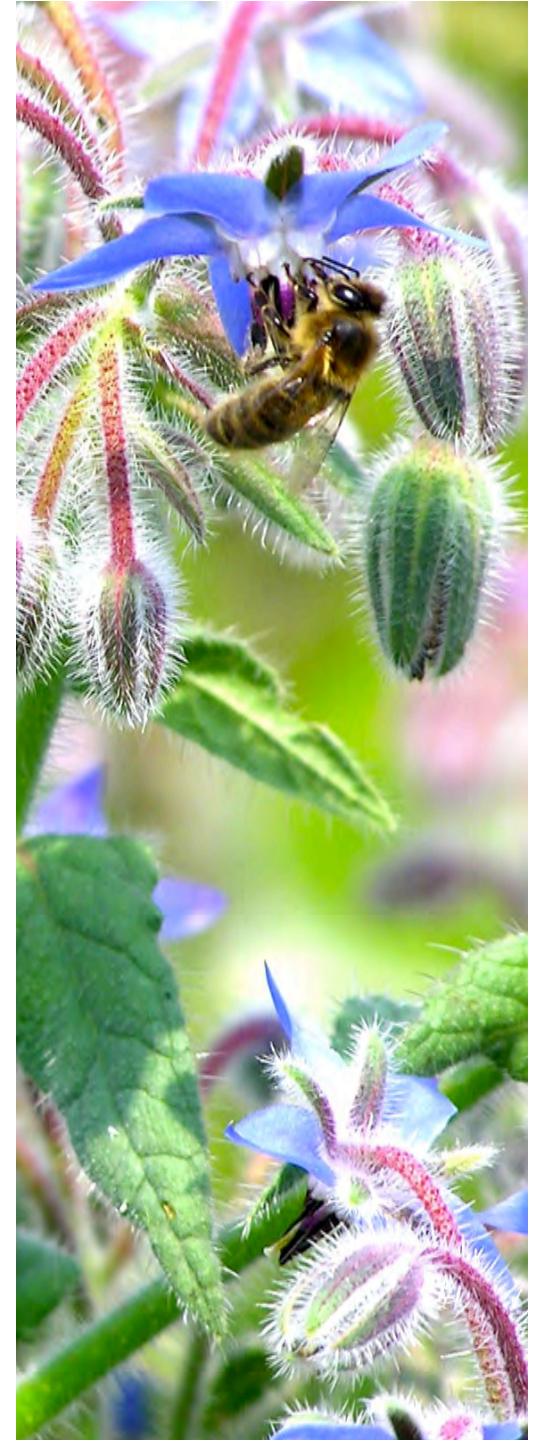


Example: a
successful
application

Part one: A. Training courses

“[Applicant’s school], Certificate of Completion May 2, 2008 (including 152 hours derived from 3 week long intensives over the course of 3 and ½ years)

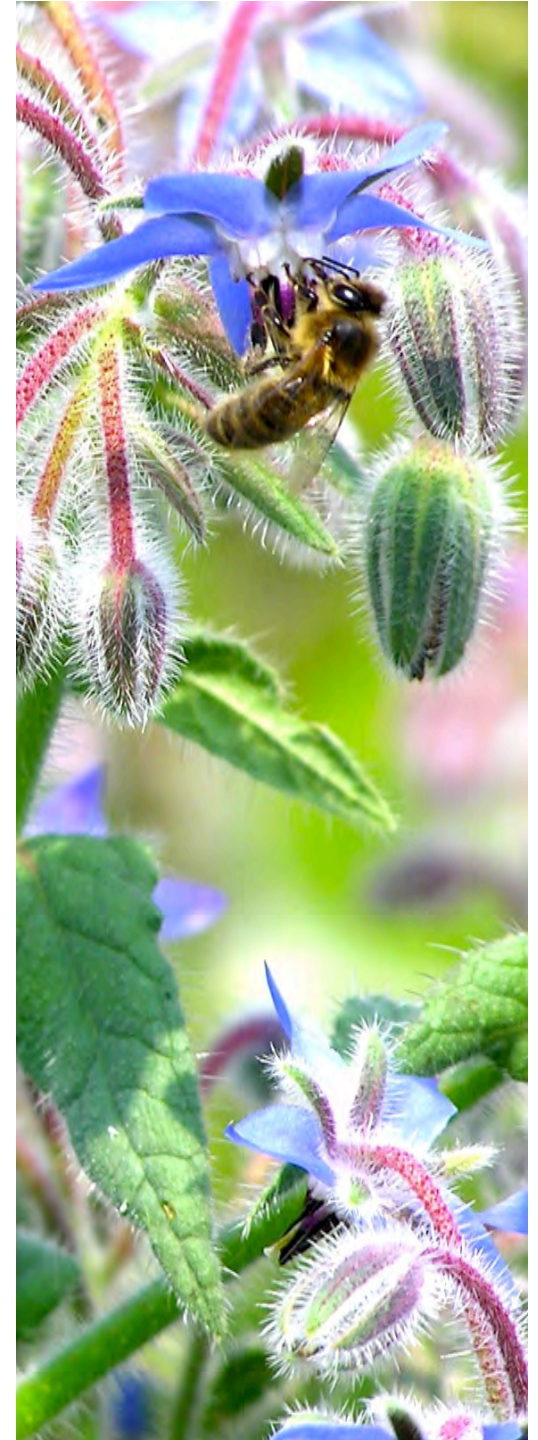
Clinical Mentorship with _____, RH (AHG) since November 2008 to June 2011- Includes clinic days & e-mail monitoring of case studies and herbal formulations.”



Part one: B. Number of years

“November 2006 - started seeing clients
OTHER than friends and family utilizing
Traditional Chinese Herbal Medicine &
Ayurvedic assessment modalities.

Supervised Clinical Practice under Mentorship
with _____ , RH (AHG) since November
2008 with number of clinical hours completed
through May 23, 2011 of 90 hours.”



Part one:

Approximate number of clients seen in the past four years

Year	Number of Clients seen	What % were new clients
2008	50	50%
2009	30	20%
2010	50	40%
2011 (by the middle of year)	40	60%

I see on average 3 clients a week mainly for follow-up visits.

I am currently averaging about 2 new clients a month since the beginning of 2011.

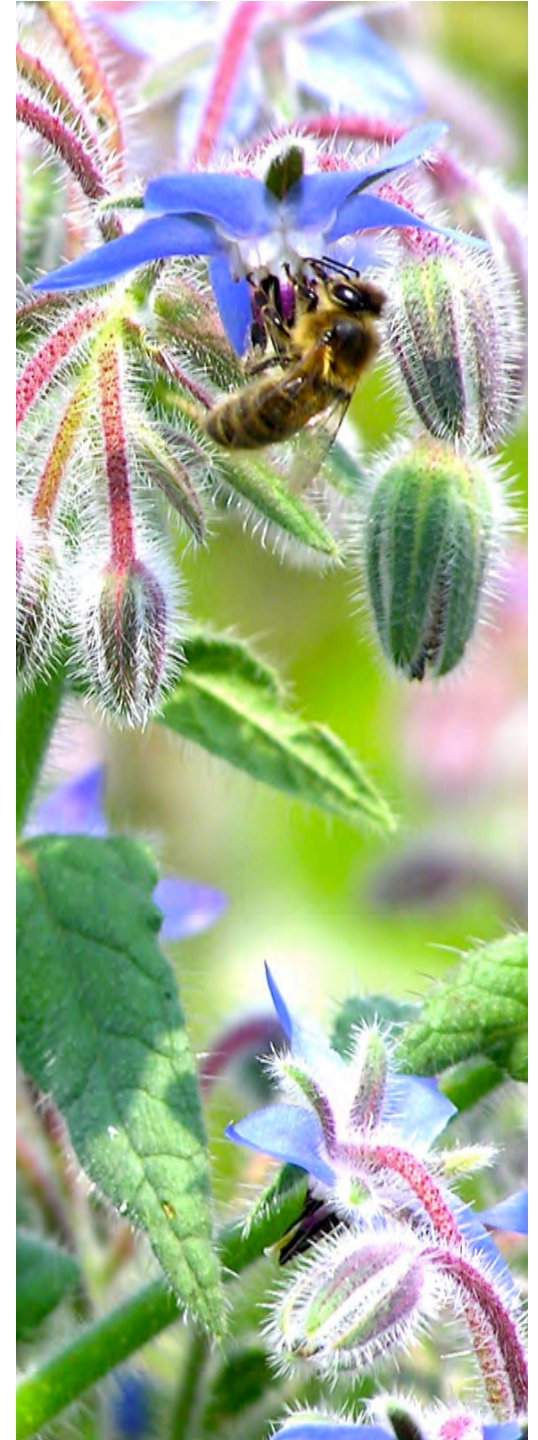
2009-2010 were slow years due to the economy's impact on the North East.

I also have 2 distance/out-of-state clients with biweekly email interaction.

I also work 30 hours a week as a Purchasing Manager to cover living expenses.

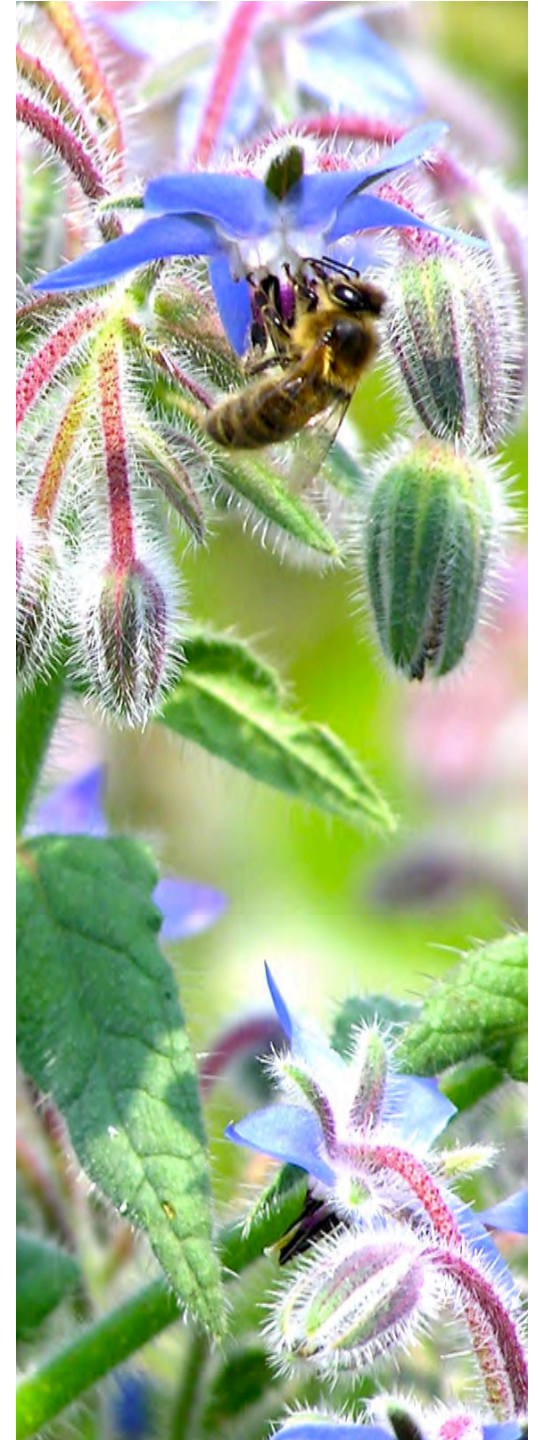
Part One: E. Outline methods of Practice

“Initial Consultation: 1-1/2 hours spent with new client on intake. A six page intake form is e-mailed to the new client to be completed prior to the first consult, they are instructed to provide a 3 day food diary and a listing of all their supplements and prescription medications. If they are able I ask them to bring their supplements and meds with them at the time of the first consult...”



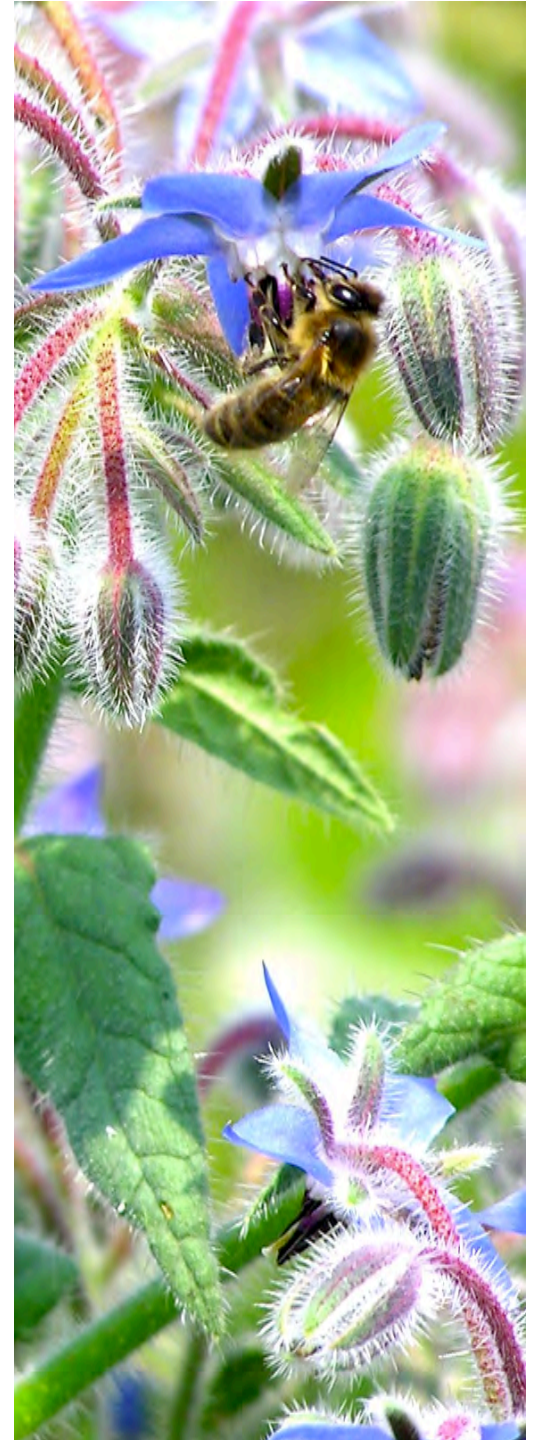
Part One: E. Outline methods of Practice

“Aside from the interview process, I ask to see their tongue and palpate their wrist pulses based on the Traditional Chinese Medicine assessment techniques along with visual and sensory review. Based on initial findings, an herbal formula may be made (5:1 extract in granule form) and/or an herbal tea blend with dietary supplements dispensed along with a diet plan and lifestyle recommendations...”



Part One: E. Outline methods of Practice

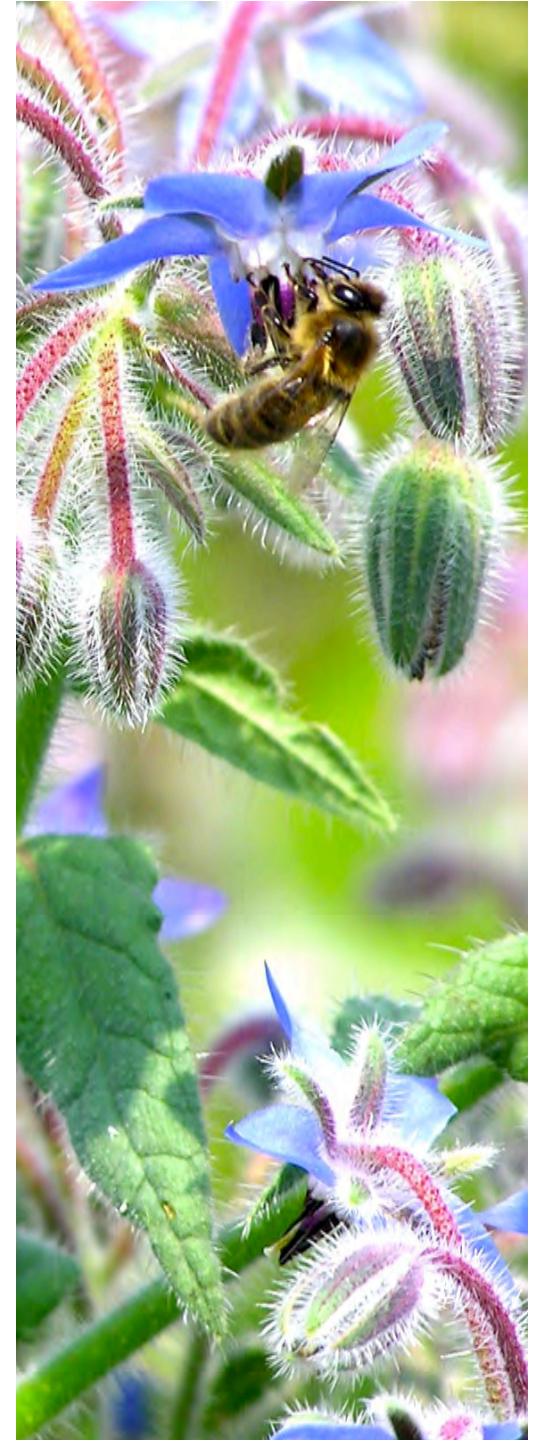
“They may be referred to other practitioners if out of my scope OR complementary to my services. I also ask them as to when their last physical was and if they have any lab results available.”



Part One: E. Outline methods of Practice

“Follow-Up Visits: To assess progress and/or make corrections, usually follow up visits are scheduled on a monthly basis. Session time is about 45 minutes to 1 hour. A new or modified herbal formula will be dispensed.

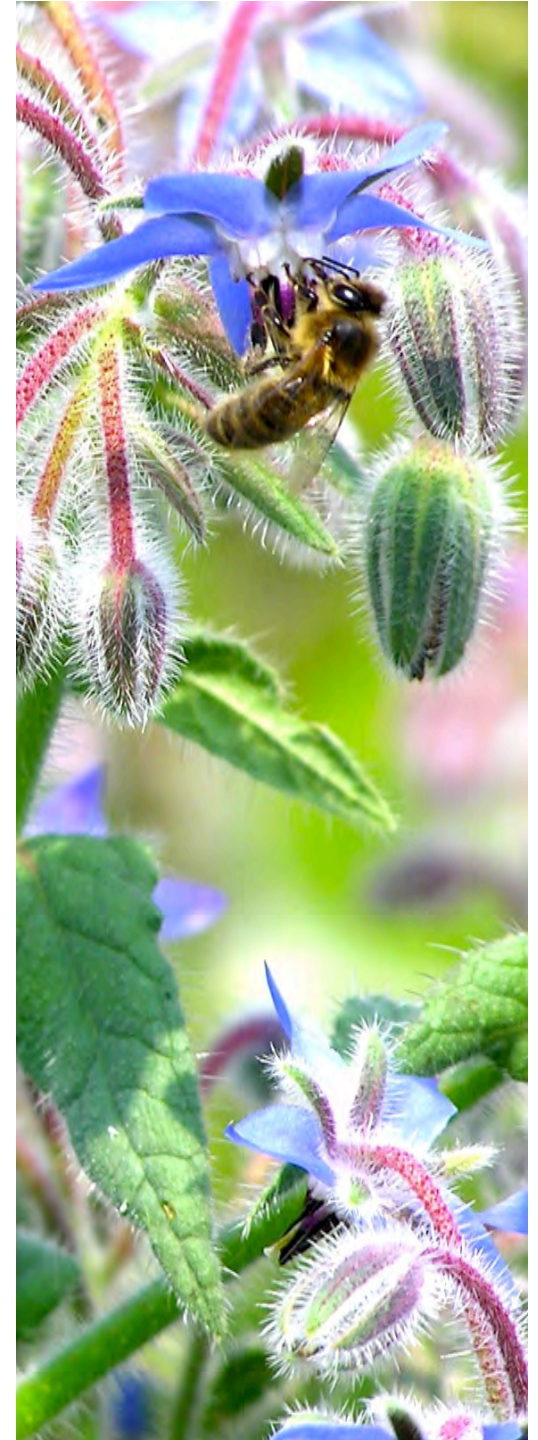
During the Initial Consultation or Follow-Up I may employ such Barefoot Doctor techniques such as Moxa or Cupping...”



Part One: E. Outline methods of Practice

“I also may use Reiki at the client’s request OR when I feel the client just needs to be relaxed.

I also instruct an applicable Qi Gong exercise that will enhance and direct the client’s attention to working with their own life force.”



Part One:

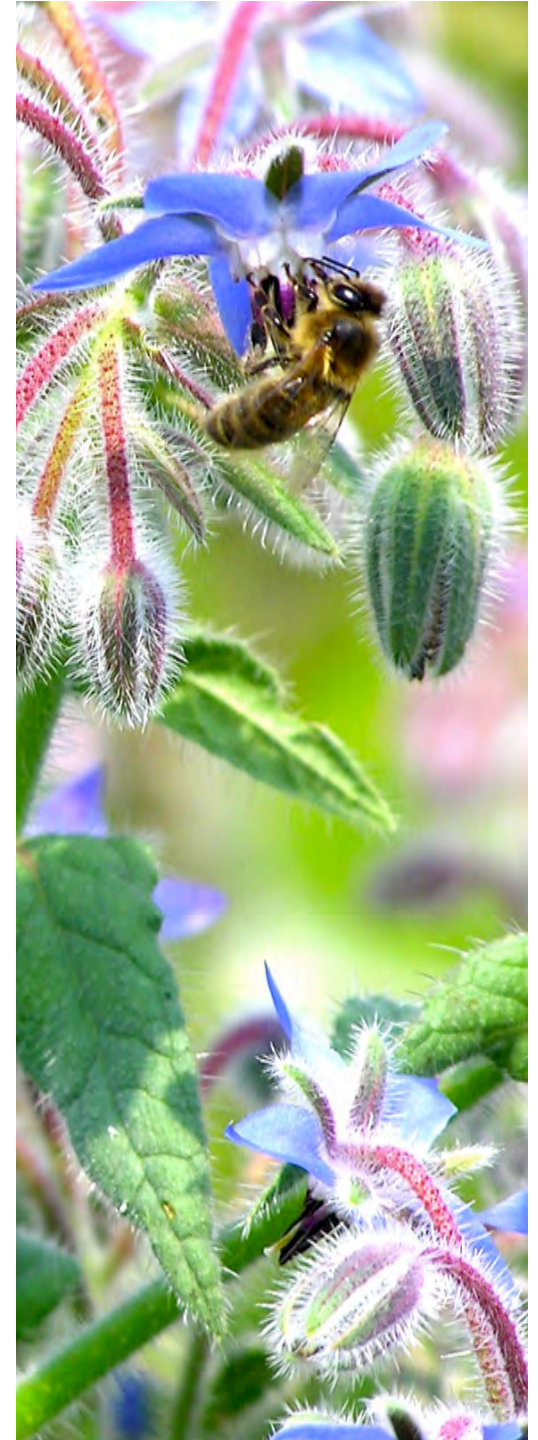
F. List Contact names

1. _____, RH AHG - address, telephone and email

2. Same but integrative nurse.

3. Same but licensed acupuncturist

(in this application no MD was listed and it was still accepted)

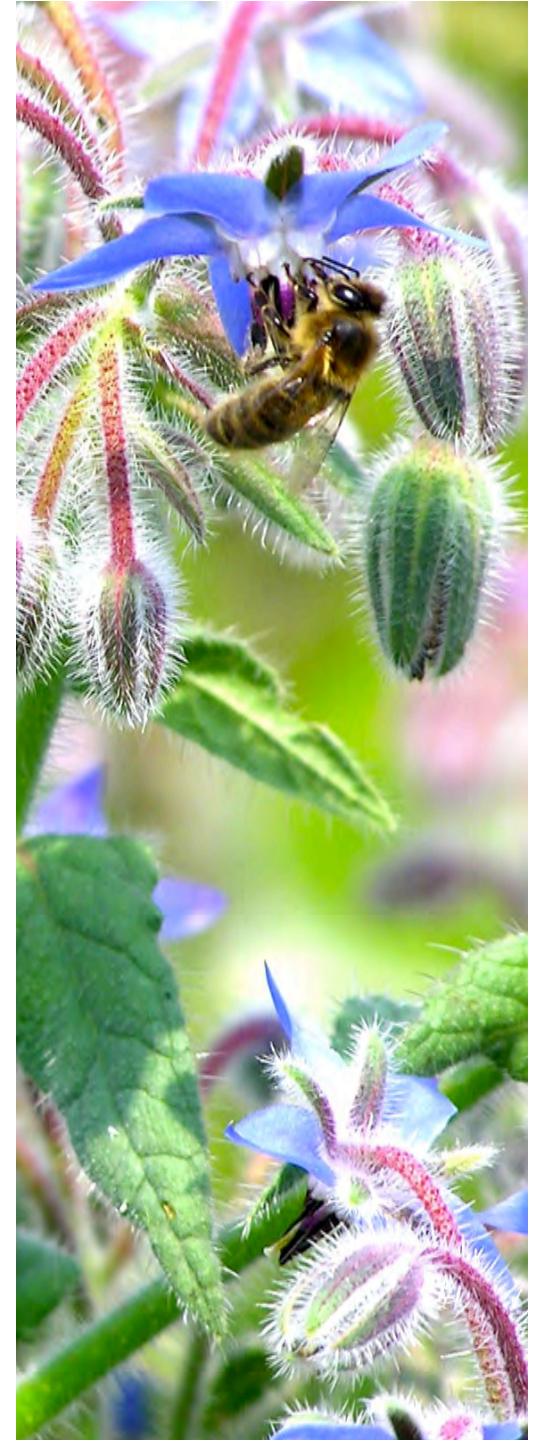


Part One:

G. List herb-related jobs

My own practice / business (name) established 2008

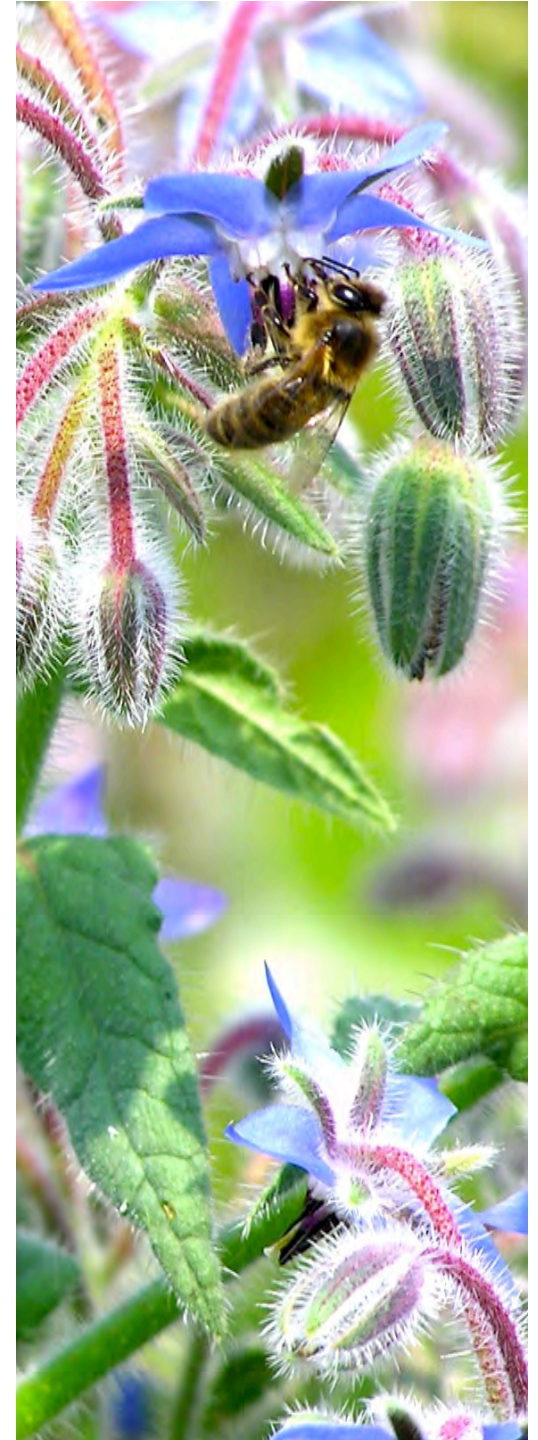
- I started practicing (seeing clients in November 2006)
- I am the sole proprietor
- I also make and sell herbal products: Medicinal Tea Blends, Tinctures, Aroma Misters, Massage Oils, Cough Syrups & Salves. [I have attached some product info post cards with this application package]



Part One: H. Contributions to the AHG

“One of my contributions to the AHG is by practicing Herbal Medicine with an open and individual approach to health with having each client empower themselves by understanding that they can achieve vitality. Also:

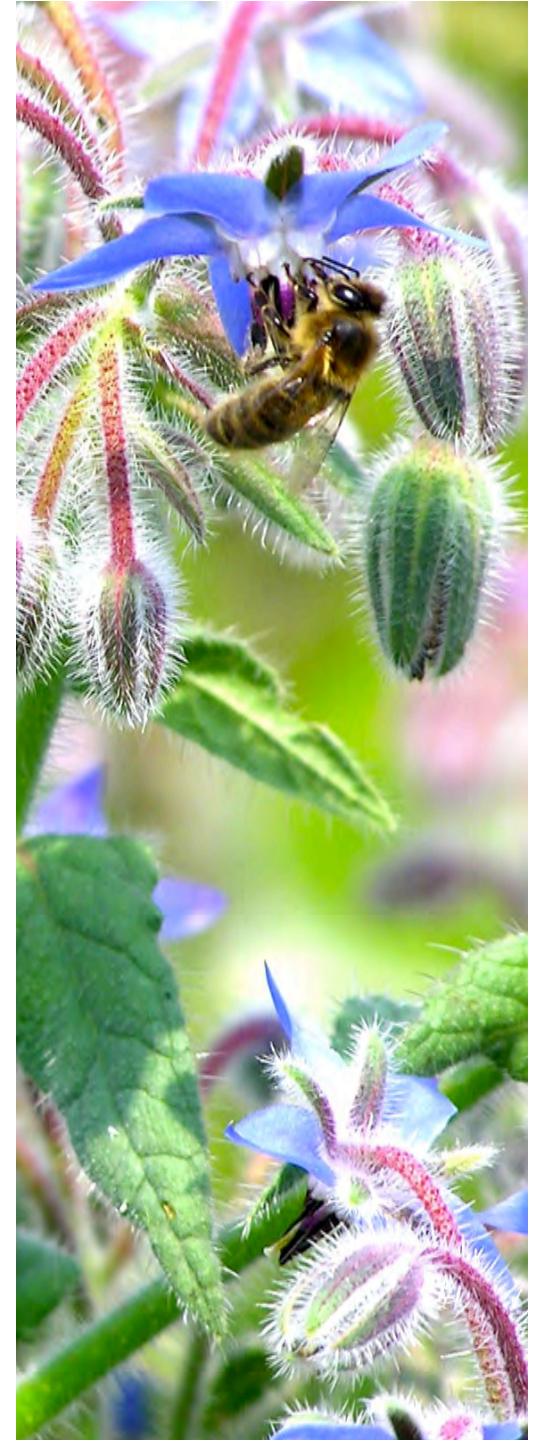
- Promoting awareness through education of Herbal Medicine to the public via locally published articles, classes and workshops
- Inspiring people to become an herbalist.
- To practice Herbal Medicine for the highest good, with integrity and compassion for all living beings and the Earth.”



Part One: J. Motivation for joining

Q: To be credentialed as a professional member in the AHG is to have attained the credibility and respect by your teachers and peers which was achieved through a lot of hard work and passion for the art.

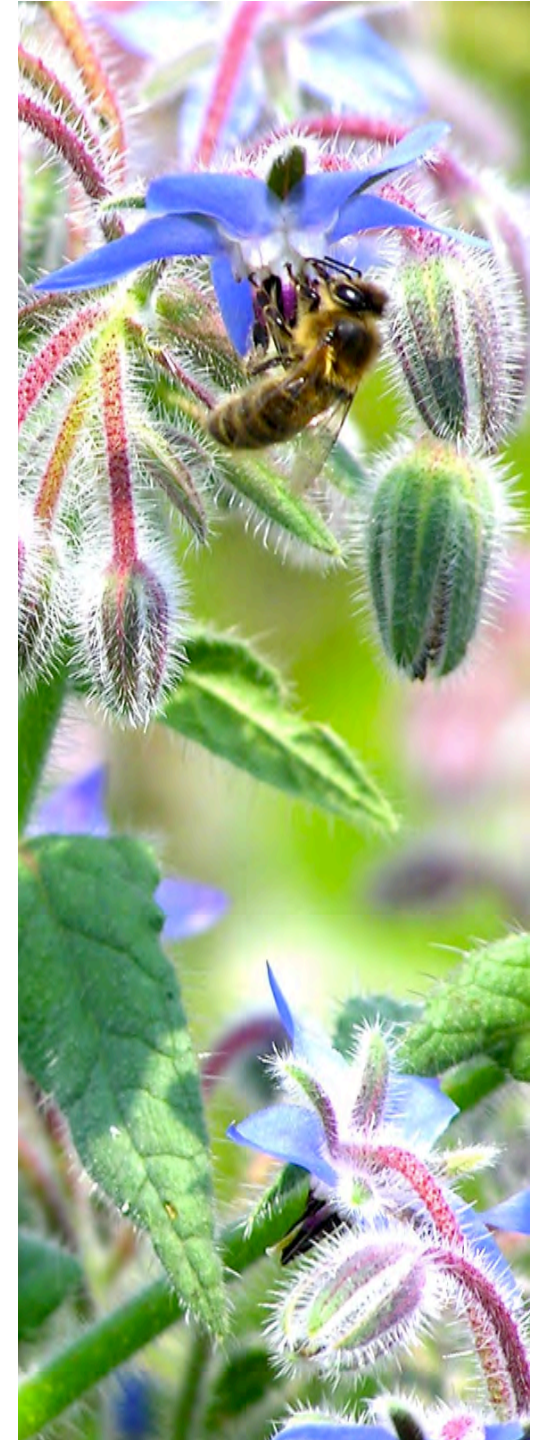
A: “I would have to say that my primary motivation is to be considered a Professional Herbalist, which encompasses credibility, professionalism and being a part of a group of extraordinary people.”



Part one:

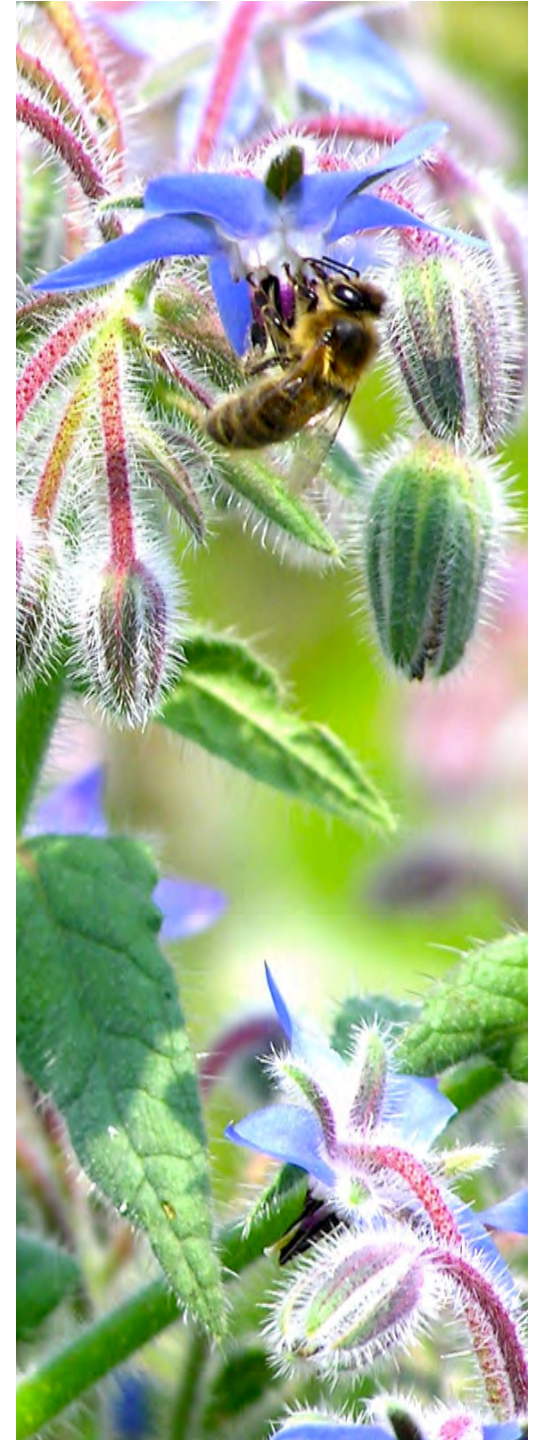
K-L. 10 Useful reference books and subscriptions

- | | |
|-------------------------------------|---|
| “1. Herbal Vade Mecum | 8. Medical Herbalism |
| 2. A woman's book of Herbs | 9. Treatment of Modern Diseases with Chinese Medicine |
| 3. Way of Herbs | 10. Chinese Herbal Medicine |
| 4. Foundations of Chinese Medicine | |
| 5. The practice of Chinese Medicine | <u>Subscriptions:</u> |
| 6. Way of Ayurvedic Herbs | AHG journal, Pubmed, Integrative practitioner update newsletters” |
| 7. Green Pharmacy | |



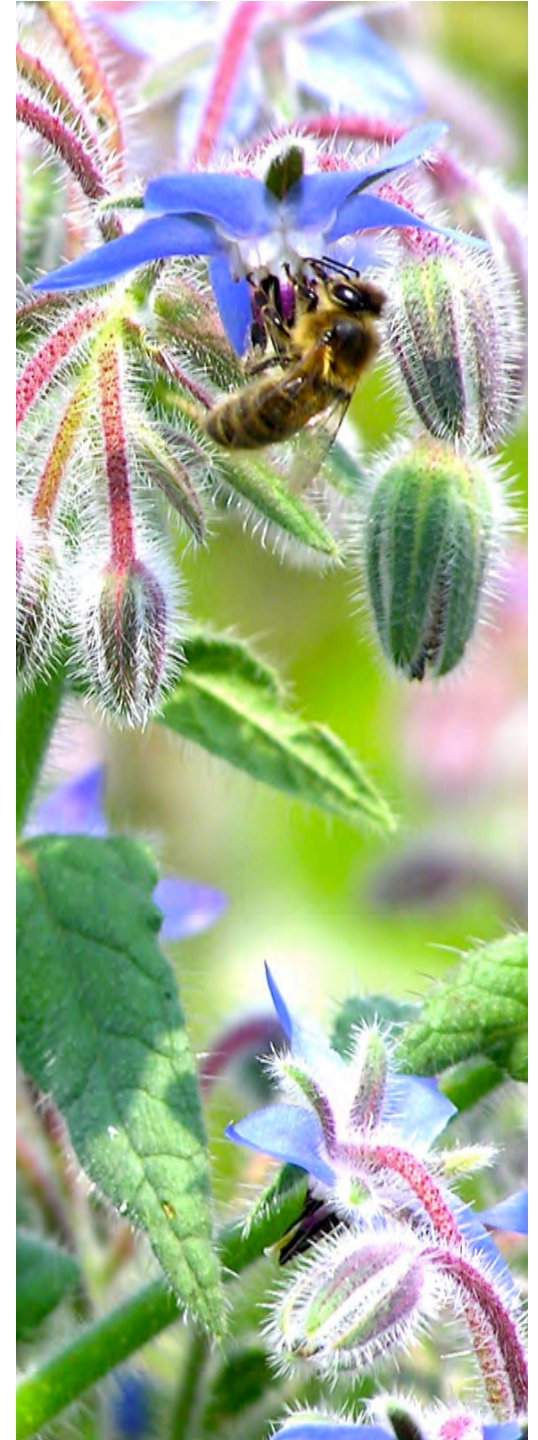
Part One: M. Philosophy and goals

“My philosophy regarding the use of the herbs as medicines is to mindfully employ the action of each herb, whether it is a simple or in a synergistic formula to promote change and assist the person as his or her imbalance shifts and evolves.”



Part One: M. Philosophy and goals

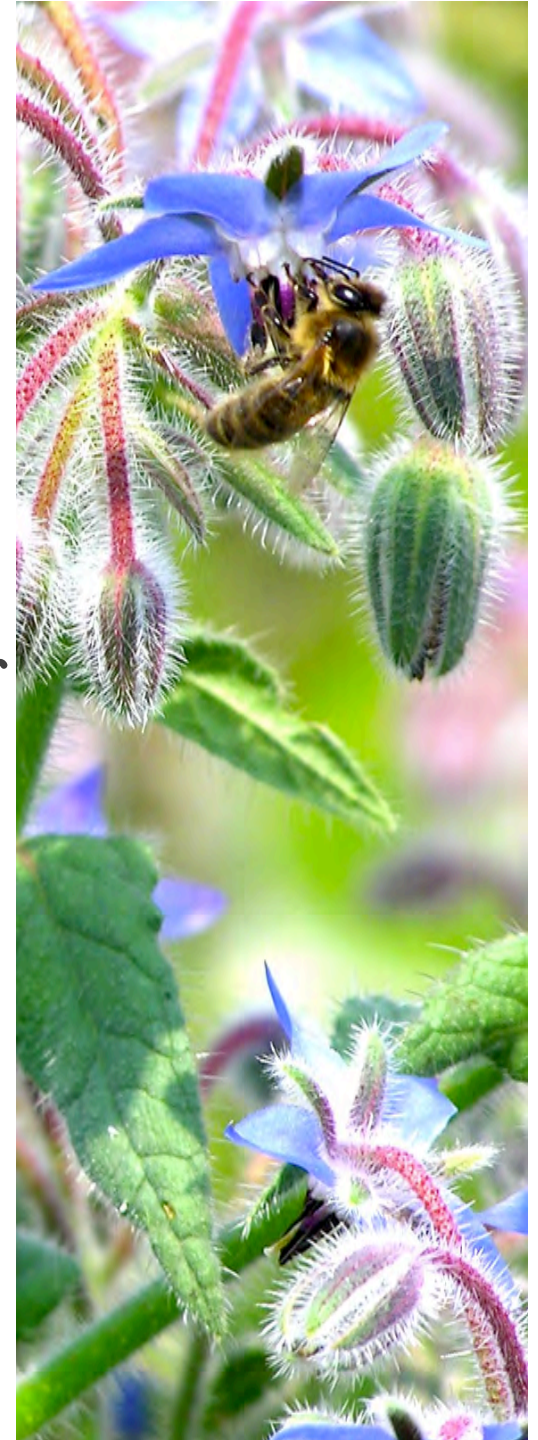
“I feel that the general public should be aware that the use of herbs is also a preventative approach to wellness. Herbal Medicine is the wise way, the way of reconnecting with the only thing that will heal us, and that is our connection with the Earth, nature and in turn our own nature, as they are and have always been the same. In conjunction with a whole food balanced diet, the herbs are also incorporated as our nourishment.”



Part One: M. Philosophy and goals

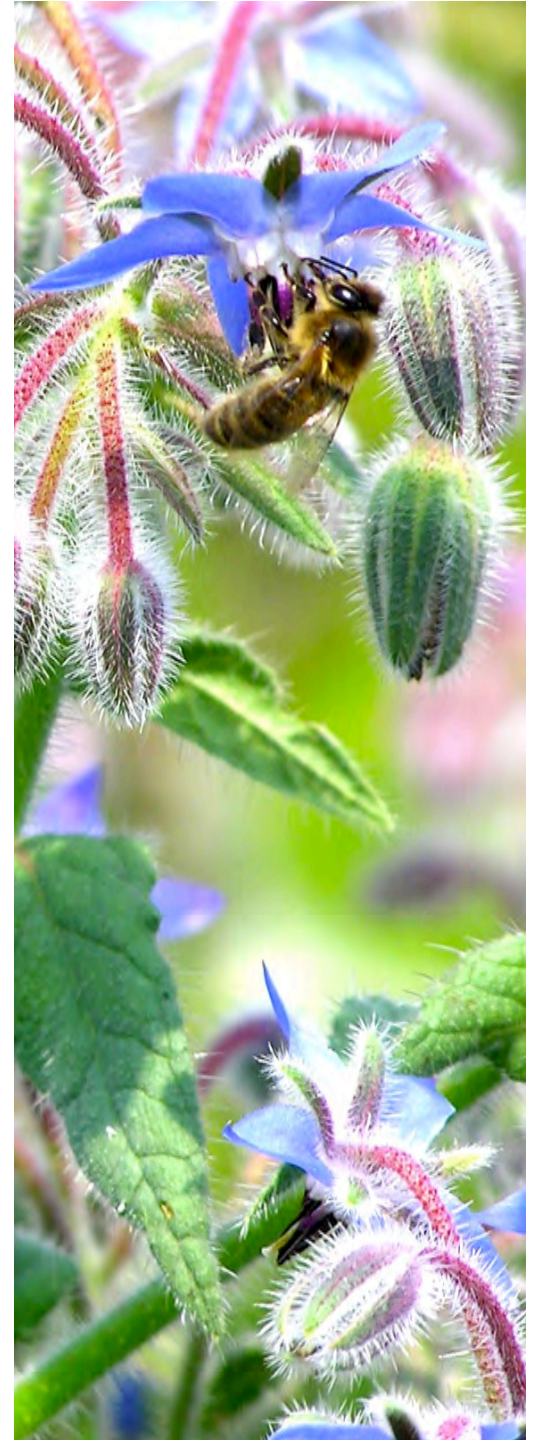
“My goals for utilizing herbal medicines are to build the body back to vitality.

Once a person feels vital, the potential for a fuller, happier life is exponential. Also, it is very important that people know and understand that the daily use of herbs as our foods and medicines is not the exception but should be the norm.”



Part One: N. Three reference letters

[Letters included the primary teacher
and mentor as well as another AHG
professional member.]



Part 2: Clinical Protocols

One of five examples

A pregnant woman (age 28) in her second trimester, mother of two children ages 5 and 7, presents with periodic vaginal burning and itching, which is worse upon urination. Patient also complains of chronic nasal stuffiness, mild emotional irritability and mood swings. Urinalysis reveals a mild elevation in leukocytes, with a slightly alkaline pH, but is otherwise normal. The patient craves bread, and eats some form of pasta or bread with almost every meal.



Part 2: Clinical Protocols

One of five examples (response)

“I would ask the following questions:

- How often is periodic and is she aware of anything else prior to occurrence?
- Is she sexually active?
- Did she experience this while previously pregnant 2 times
- Discuss personal hygiene.
- If present check tongue & pulses
- Review Diet & Food Cravings, any GI issues...”



Part 2: Clinical Protocols

One of five examples (response)

“This is this client’s 3rd pregnancy which may make her more susceptible to urinary tract infections, due to the possibility of prolapse organs.

Her diet and food cravings indicate a high intake of sugar from which bacteria & yeasts feed and grow and has weakened her Spleen Qi (due to empty sweet) with the dampening rising up to the Lung area and then to the nasal passages.

Her cravings and consumption of bread & pasta 3 x a day are extremely high-glycemic, not readily digestible and will heat the blood...”



Part 2: Clinical Protocols

One of five examples (response)

- “The hormonal changes experienced during pregnancy will also affect her Liver Qi as demonstrated by her mild emotional irritability and mood swings.
- The high sugar diet will trigger more reactions.
- She also has the added stress of taking care of 2 small children...”



Part 2: Clinical Protocols

One of five examples (response)

“Dietary Changes

- reduce or preferably remove all processed starches from diet
- Increase consumption of green vegetables substantially
- Advise water consumption of 6-8 cups a day.
- Reduce/ remove greasy, oily, fatty foods from diet...”



Part 2: Clinical Protocols

One of five examples (response)

“Lean animal proteins - grass fed /certified organic with fibrous veggies in a soup

- Small amount of rice cooked in a watery base with her green veggies

- Have her OB/GYN check her blood for gestational diabetes.

- Advise / warn her that alcohol consumption is contraindicated at all times during pregnancy...”



Part 2: Clinical Protocols

One of five examples (response)

“HYGIENE:

- Clean area from front to back after going to the bathroom.
- Clean the area from front to back before and after sexual intercourse.
- Wear cotton materials, stay away from synthetic materials
- Use soaps that are non-perfumed and free of dyes
- Wear loose fitting garments”



Possible Diagnoses: Traditional and Medical

Any of the following would be acceptable:

1. TCM Diagnosis: Damp Heat in the Lower Warmer
2. Western medical: probably *candida albicans*
3. Ayurvedic: derangement of pitta and kapha
4. Western systems analysis: inflammation of the female genito-urinary system.



Part 2: Clinical Protocols

One of five examples (response)

**"HERBAL FORMULA - INTERNAL & EXTERNAL: Clear
Damp Heat, Sooth Liver Qi**

1 part = 1 teaspoon

- **Dandelion Root (2 Parts)**
- **Echinacea Root (2 Parts)**
- **Corn Silk (1 part)**
- **Pipsissewa (1 part)**
- **Cleavers (2 parts)**
- **Irish Moss (1 part)..."**



Part 2: Clinical Protocols

One of five examples (response)

“Tea instructions: Mix the Echinacea Rt & the Dandelion Rt together – simmer 1 tablespoon of this mixture for 20-30 minutes in 1 quart of non-chlorinated water, turn off heat and add 1-2 teaspoons each of the remaining herbs, let steep for 15 minutes, sieve herbs from fluid.

Dose: Drink $\frac{1}{2}$ cup of tea every hour until acute symptoms subside, then drink 3-4 cups a day for about a week to 10 days.

Externally, soak a clean cotton cloth or gauze in a cup of the aforementioned tea and apply cloth over the entire vaginal area, lying down leave on for 15 minutes, apply at least 2 – 3 x a day or until itching is resolved...”



Part 2: Clinical Protocols

One of five examples (response)

"SUPPLEMENT: Vitamin C (EsterC) 500 mg every hour until acute symptoms subside, then take 1,000 to 2,000 mg of same 3-4 x day. Caution, please drop down dose if bowel intolerance occurs (diarrhea) to at least 2,000mg/day.

LIFESTYLE: It is very important that she sleeps through the night and is rested upon wakening. She should try to obtain the support of her family and extended family in helping her to cope with her 2 children and allowing her to get some rest.

Deep breathing exercises along with mindful and non-stressful walks..."



Part 3: Materia Medica

Only one herb out of five is given, somewhat abbreviated: *Symphytum officinale* (comfrey)

“(Boraginaceae) Root/ Leaf - has a Bitter, sweet and cool energy. Its vulnerary properties protect the mucosa of the lungs and stomach and digestive tract. Comfrey contains steroidal saponins which are ant-inflammatory, relieves irritation and provide pain relief in wound healing. There is a lot of controversy around the use of this herb...”



Part 3: Materia Medica

“Personally, I feel that this herb is very effective for an acute, short term condition but should be used with caution. It contains pyrrolizidine alkaloids that can be hepatotoxic.

I have used Comfrey Leaf combined with Nettles and Lemon Balm as a tea infusion to relieve gastric irritation / stomach upset as needed. 1 part comfrey, 1 part nettles & 2 parts lemon balm...”



Part 3: Materia Medica

“This is a great herb for wound healing when bones and muscles have been injured due to fracture as well as sores and ulcers as it contains allantoin which increases cell proliferation.

Its use is contraindicated in pregnancy and in a nursing mother, any person who has a history of drug and alcohol use/abuse and those persons on prescription meds that also metabolize in the liver...”



Part 3: Materia Medica

“Dose Ranges:

Acute - Wound Healing - Internally - 1 tsp
liquid extract (root) 1:5 - 3 x day -no more
than 10 days. (I would more than likely
administer the decocted root versus the tincture)

Decoction: 2-3 teaspoons of dried root - 1
cup of water , to boil first, then reduce to a
simmer, drink 3 cups a day - not to exceed 10
days.”



Part 4: Three Personal Case Histories (only one given as an example)

- “Woman, age 69, Ht. 5’10”, wt. 123 lb.
- **Occupation:** Professional Gardener, Retired Nurse
- **Primary Health Concern:** Severe pain in first metacarpophalangeal joints of right thumb and forefinger; has developed gradually over the years with increased number of gardening jobs. Spring, summer and fall are the busiest months. Believes “all the clipping and snipping” has contributed to this.
- **Secondary Health Concern:** Some hip pain with less severity and stiffness than hand symptoms. Hip pain increases during and after long walks...”



Part 4: Three Personal Case Histories (continued)

■ **“Medical History:** Saw physicians in late 2006 regarding right hand and hip. Diagnosis was osteoarthritis in both areas. Conventional hand treatment: NSAIDs, including Naproxen for several months, initially felt relief, but gradually felt worse; also received Corticosteroids injected into the affected joints, relief lasted a short time. Conventional hip diagnosis and treatment: MRI showed osteoarthritis in affected area; received corticosteroid injections and physical therapy; shots helped temporarily, PT did not...”



Part 4: Three Personal Case Histories (continued)

- **“Observation:** Pale complexion, tall, firm slender build. Careful, thoughtful demeanor.
- **Interrogation:** Pain increases in cold damp weather, decreases in warm humid weather; aggravated by excessive use of hand; joints feel thick and stiff, not numb; very difficult to lift an object without severe pain in thumb and forefinger; pain is specific to these joints, does not migrate; limited range of motion. Pain diminishes with rest, does not affect sleep.
- **Tongue:** Pale pink, thick white coating.
- **Pulse:** Weak, slow, slippery, Kyi & Lya barely detectable, @64 bpm...”



Note: Using formulas and proprietary products

- In general if you mention the use of a formula or proprietary commercial product, we want you to list the ingredients in the formulation, possibly mentioning a rationale for some of the herbs.
- This was not done in all instances with the next case, but it didn't result in a loss of enough points to prevent the applicant from passing.



Part 4: Three Personal Case Histories (continued)

- **Bowel movements:** Loose, light brown, daily.
- **Menses:** Post menopausal.
- **Urination:** Frequency every few hours, pale yellow, drinks lots of water, generally does not get up during night to urinate unless drinks water before bedtime.
- **Libido:** Married, has affectionate relationship with husband, but infrequent sex.
- **Perspiration:** Not unless exercising vigorously or working outside in hot weather.
- **Sleep:** Goes to bed @ about midnight, gets 6-7 hr restful sleep..."



Part 4: Three Personal Case Histories (continued)

- **“Appetite:** ‘Good’, eats on a regular schedule; vegetarian, tries to combine beans and vegetables to maximize protein;
- **Breakfast:** oatmeal, yoghurt with nuts and flaxseeds, black tea
- **Lunch:** granola bar and yoghurt or veggie wrap or sandwich with store bought dairy smoothie
- **Afternoon Snack:** carrots, yoghurt, apple
- **Dinner:** Salmon, rice, salad...”



Part 4: Three Personal Case Histories (continued)

- **“Thirst:** Drinks lots of water, partially because she believes this is the best beverage to drink and sometimes because she’s thirsty, especially after exercising or working outdoors.
- **Hearing** No problems
- **Fever:** No
- **Edema:** No
- **Chills:** No, for most of her life she has tended toward being warmer than colder, but most recently has been wearing warmer clothes, sometimes hands and feet a little cold.
- **Eight Principle Evaluation:** Cold, Internal, Deficient, Parasympathetic...”



Part 4: Three Personal Case Histories (continued)

“Ayurvedic Evaluation

Deficient Pitta. Slender, firm muscular frame for her age, fair skin and hair, penetrating bluish-gray eyes, enjoys working independently, but is fine with working in an institutional environment; intellectual, enjoys feeling of accomplishment; controlled appetite; joint inflammation; normally tends to be warm, but recently cooler, enjoys cold food and drinks, prefers cool, dry climate but warmth helps her hands and makes her feel more comfortable. Slight Kapha elements: sense of compassion and attachment, sound sleeper, elements of digestive issues (although this may be related to long term NSAID usage and vegetarian diet)…”



Part 4: Three Personal Case Histories (continued)

“Western and Traditional Organ System assessment and diagnosis: Musculoskeletal System with Circulatory involvement.

- **Local obstruction of Qi and Blood with degeneration of joint cartilage and bony overgrowth in first metacarpophalangeal joints of right thumb and forefinger resulting in joint inflammation and pain. The painful obstruction (*bi*) has developed after prolonged overuse of affected joints, aggravated by cold and dampness, linked to underlying Blood deficiency. Possible element of accumulated toxins...”**



Part 4: Three Personal Case Histories (continued)

“TREATMENT STRATEGY

1. offer dietary and herbal recommendations which nourish Blood to help strengthen muscles and joints in affected areas
2. promote flow of Qi, Blood and Synovial circulation to affected areas with gentle herbal massage around affected joints and whole body Tai Chi exercises;
3. encourage lifestyle choices which minimize overuse of affected joints and include mild warm water massage...”



Part 4: Three Personal Case Histories (continued)

“Herbal Support

Clematis and Stephania Decoction (*Shu jing huo xue tang*) to open circulation of channels and collaterals, promote Blood circulation, remove Blood and damp stagnation

- 6 oz every morning 30 minutes before breakfast for 6 weeks.
- Later, if necessary, may replace this with San Bi Tang Teapills from Mayway to tonify Qi, Blood, Liver, Kidneys, warm Kidney Yang, warm channels and collaterals and alleviate pain...”



Part 4: Three Personal Case Histories (continued)

"Osteo Herb Tincture David Winston formula

(Nettles, Alfalfa, Dandelion, Horsetail aerial parts, Oat Straw, Black Pepper Fruit to provide minerals and trace elements for bone structure support) 2 capsules 2x day with food."



Part 4: Three Personal Case Histories (continued)

Diet:

“Emphasize foods which remove damp or cool obstructions, including grains, lightly cooked vegetables, legumes and herbs with warming or neutral qualities, e.g., oats, spelt, quinoa, rice, corn, mustard greens, black beans, garlic, horseradish, cinnamon, cardamon, ginger root...”



Part 4: Three Personal Case Histories (continued)

- “include chlorophyll rich foods, eg, steamed green vegetables to build blood
- eat fish with warming or neutral properties and omega-3 oils including trout, anchovy, sardines, salmon...”



Part 4: Three Personal Case Histories (continued)

- “Eliminate raw, cold foods and beverages;
- Avoid calcium inhibitors including fatty animal meat (animal fats are primary source of arachidonic acid which initiates inflammatory prostaglandins and leukotrienes) and night shade vegetables (tomato, eggplant, bell peppers and potatoes)...”



Part 4: Three Personal Case Histories (continued)

- “Avoid refined sugar, too many sweets (which promote production of prostaglandins), excess salt;
- minimize acidic foods (tomatoes, oranges);
- restrict foods high in oxalic acid, including cranberry, plum, chard, beet greens and spinach.
- Include warming herbs in cooking: Cinnamon, Black Pepper, Ginger Root, Garlic, Horseradish, Cardamon.”



Part 4: Three Personal Case Histories (continued)

“Supplements:

- To decrease inflammation: *Curcumin* (also to move Blood) Life Extension 2 capsules daily, *Vitamin D3* Jarrow Formulas 5000 mg daily, *Xyflammend* New Chapter 2 tablets daily;
- *Fish Oil* Carlson 1 TBL daily (also to increase omega 3 oils);
- To remove toxins: *Triphala* Planetary Herbs, 3 tablets, 2x weekly; to build Blood: *Chlorella* 9-18 tablets daily with meals.”



Part 4: Three Personal Case Histories (continued)

“Lifestyle:

- Become involved in productive activities which minimize overuse of metacarpophalangeal joints
- Try to limit gardening to own personal garden, spend time outdoors to maximize D3 intake from sunshine.
- To improve Blood and Qi circulation and decrease pain in hand: combine 1 tsp mustard powder in 3- 4 cups warm water while gently massaging right hand;
- To improve Blood and Qi circulation throughout entire body: Tai Chi Eight Brocades daily.”



Part 4: Three Personal Case Histories (continued)

“FOLLOW-UP

■ Since our first meeting the patient and I have communicated casually during the last 3 years by e-mail and at lunch. She completed the Clematis and Stepania Decoction, which was effective. This was been replaced with the San Bi Tang Tea pill formula as needed. She has been following the rest of the treatment protocol and is pleased with the general improvement in her health and decreased pain in her hand and hips.”



Part 4: Three Personal Case Histories (continued)

“We met March 24, 2010 for a closer evaluation. Weight 127 Age 72 Good complexion color and energy. Hand pain “almost non-existent” except with constant use of hand; continues to sleep soundly at night. Bowel movements regular 1 to 2x daily, stools well formed, medium density, medium brown color. Tongue normal pink with light white coating and no teethmarks. Pulse no longer slippery, 72 bpm, all points clear. Has a tendency to feel warmer instead of cooler. Will not continue professional gardening. Is looking for other work, possibly a return to light nursing. Is eating a more balanced diet, which includes fish or chicken every evening.”





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