Principles and Practice of Complementary Therapies

Aromatherapy

Concept, Origins and Development

Aromatherapy is the use of natural ingredients, such as essential oils and herbal extracts, to create treatments which promote mental and physical health and wellbeing. Pure essential oils are extracted by various methods from many different plants. Each oil has its own individual profile which means that there is an essential oil for pretty much every conceivable problem. Aromatherapy is now used extensively alongside modern medicinal techniques as more and more people recognise the benefits of using the power of nature as well as the power of science. Whereas conventional medicine practices concentrate mainly on fixing physical symptoms, Aromatherapy treatments take a more holistic view and are aimed at easing and soothing the mental issues often associated with illness as well as the physical problems themselves.

The term Aromatherapy was only introduced around 100 years ago, but there is evidence that the first evolved species of humans on Earth used plants and oils as medicine and for other natural health benefits. Archaeologists have discovered traces of plants that we now know have medicinal and therapeutic properties in the burial and dwelling sites of the earliest humans from around 400 thousand years ago.

The Aborigines of Australia crushed leaves of the Tea Tree plant and used the paste as a natural antiseptic and disinfectant for thousands of years – a practice which continues to this very day. In the 1920’s it was proved that Tea Tree was a much more powerful antiseptic than the most commonly used alternative of the time.

Ancient Egyptians used Cedar and Myrrh for embalming purposes helping to preserve bodies until their discovery thousands of years later. Jars of frankincense were found in Egyptian tombs dating from 3000BC. Formulae were inscribed onto stone tablets, which is how we know so much about what the Egyptians of that time were doing with natural ingredients. The Nile Valley in Egypt (also known as the ‘Cradle of Medicine’) was a popular destination for people from other cultures; and many visited this area to gain knowledge and discover more about the use of plants.

Hippocrates

The Greeks then benefitted from this sharing of knowledge, particularly Hippocrates. Hippocrates was a visionary and his work became highly important in the early development of the usage of plants in medicinal treatments. He was a prolific writer on the subject and so helped many others to understand the best ways to use the natural properties of plants and herbs, both at the time and ever since.
Europe was comparatively late to embrace the benefits of Aromatherapy. There is little evidence of even basic knowledge or indeed the use of herbal medicine in Western Europe until around the time of the Crusades between the 11th and 13th century. Knights and soldiers returned from their voyages bringing perfumes, stories and knowledge of new discoveries in the world of natural medicine. Europeans started to experiment with the plants growing in their own countries – Lavender and Rosemary among them. References to Lavender water and methods of making infused oils can be found in mediaeval manuscripts.

Later, through the Middle Ages, people wore herbal bouquets (known as trussy-mussies) and carried plants to protect themselves against infection. Henry VIII established a charter in 1543 proclaiming the right of herbalists to practice.

During the 19th century developments in chemistry made it easier to extract oils. Advancements in printing techniques also enabled many more books and texts on the subject to be printed. The positive effect was that Aromatherapy practices became even more popular. However, it also had what was to become a negative effect in that it became much easier to focus on the individual elements of essential oils. This ultimately led to the creation of artificial synthetic versions of these elements. These were much cheaper and became more readily available as they were produced on a much larger scale than the natural originals. Consequently, despite thousands of years of tradition and success, the healing benefits of herbal medicine have been taken less seriously and disregarded by some scientists and the media.

**Therapy Objectives**

The aims and objectives of Aromatherapy are to rebalance the body, mind and spirit by applying special plant and tree extracts called essential oils to the body. These powerful substances are chosen for their specific healing properties and aroma. Essential oils can be inhaled or massaged into the skin to produce a physical, spiritual and emotional sense of well-being. It is therapist's aim to show, in a calm and relaxed environment, compassion and understanding in trying to alleviate the clients concerns, daily stresses and resulting muscular tensions that they bring to their sessions. Each client is an individual, and deserves the therapist's undivided support and attention.

A few drops of essential oils are diluted in vegetable carrier oils, which are chosen carefully for their beneficial properties. Individual treatments are made for the client, but only after relevant background information is supplied so that the oils are chosen safely and appropriately. Aromatherapy works on a subtler level affecting the emotions and spirit, allowing the client to view their own feelings, ailments and lives more objectively, so that they can make positive life changes and regain a sense of well-being.
Regulations and Legal Obligations

Although there is currently no specific legislation surrounding Aromatherapy in the UK; Aromatherapists do usually belong to a professional association, where they can gain insurance to practice. The leading body in the UK for Aromatherapy is the Aromatherapy Council. They must continue their training every year to keep up to date in the form of continuing professional standards. They can also choose to join the voluntary regulatory body for complementary therapies in the UK.

In 2008, the Aromatherapy Council relinquished its regulatory role in favour of the CNHC, as this is what the Department of Health decided was needed - a voluntary self-regulator for all complementary therapies. This made sense as most aromatherapists in the UK practice more than one type of therapy.

The CNHC was set up with government support to protect the public by providing a UK voluntary register of complementary therapists. The CNHC's register has been approved as an Accredited Register by the Professional Standards Authority for Health and Social Care. Therapies registered with the authority include: Aromatherapy; Bowen Therapy; Hypnotherapy; Massage Therapy; Nutritional Therapy; Reflexology; Reiki; and Yoga Therapy.

Some of the essential oils used in Aromatherapy do fall under the Control of Substances Hazardous to Health (COSHH) Regulations; due to their toxic nature and potential to cause allergic contact dermatitis, (inflammation of the skin).

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**BENEFITS OF AROMATHERAPY**

- Eliminates feelings of depression
- Provides relief from insomnia & stress
- Boosts immune system & digestive system
- Increases circulation & energy levels in body
- Helps in treating constipation, indigestion & bloating
- Reduces severity and discomfort cause by psoriasis & eczema
Training Required

To legally practice as an Aromatherapist one must complete a training course that is at least benchmarked to the National Occupational Standards (NOS) for aromatherapy. Such a course usually includes a combination of practical learning and case study application, with studies about plant properties, anatomy, physiology and pathology, business theory and therapeutic relationships. For instance, an ITEC Level 3 Diploma in Aromatherapy, which is also an internationally recognised qualification. Only on completion of such a course would someone be able to register with the CNHC.

Key Aspects of Good Clinical Practice

To demonstrating good clinical practice in Aromatherapy a therapist should consider and work to achieve the following:

- A thorough risk assessment prior to undergoing a treatment, that contemplates the potential risks to both client and therapist.
- The safe use of essential oils in accordance with COSHH Regulations to ensure client welfare.
- Compliance of all Health & Safety legislation relating to both the client and therapist.
- Obtain and maintain accurate records for all treatments.
- Ensure the storage of any client information is compliant with The Data Protection Act.
- A professional appearance and relationship that follows a code of conduct in both ethics and practice.
- Basic first aid understanding and skills.
- Uphold excellent hygiene standards of to avoid cross-infection, (both personal and that of the treatment environment.)
- Possession of profession insurance that covers both public and product indemnity and safeguards both parties.

Indian Head Massage

Concept, Origins and Development

Indian Head Massage, (also known as Champissage), is a traditional Indian technique of treating the upper back, neck, shoulders, face and scalp, based on the ancient Ayurvedic Healing System; where the recipient remains clothed. The techniques were originally developed by women who used oils, such as sesame, coconut and mustard oil to help keep the hair strong, lustrous and in beautiful condition.

In India, a head massage is traditionally performed as part of the treatment given by barbers and masseurs and is commonly seen being performed on Street corners, markets and the beach. In Western Society, Indian Head Massage has been adopted to treat symptoms of stress and fatigue in the workplace. This form of treatment can be carried out on clients, fully clothed at their place of work in an office environment.

Indian Head Massage Works on both a physical and psychological level, the techniques used represent a de-stressing programme for the whole body. By massaging the head and
shoulders, focusing on specific Marma points, energies will become rebalanced and a general feeling of relaxation will be achieved.

The modern treatment is carried out to the upper back, across the shoulders, upper arms, neck, scalp and face, with the client remaining fully clothed and seated in an everyday chair. Because the treatment is non-invasive, it may be undertaken anywhere.

Therapy Objectives

The therapeutic effects of Indian Head Massage last long after the treatment is over. The short and long-term benefits are individual and varied, but also cumulative. It can help to:

- Relieve eyestrain and headaches
- Improve concentration
- Energise the body, relieving physical and mental fatigue
- Improve joint mobility
- Relieve stress and muscular tension
- Improve blood flow to the head and neck, increasing the distribution of nutrients throughout the body and encouraging healing.

As well as being a relaxing encounter, it can also be an invigorating and refreshing experience. The recipient of the treatment will often report a 'balanced' feeling of peace and calm and will usually feel more alert and revitalised following a treatment. Furthermore, Indian Head Massage helps to restore a state of balance by relieving stress through the body’s natural healing process. Once the body is “in tune”, it is recommended that a client continues to have regular treatments to help maintain that balanced state.

Regulations and Legal Obligations

As Indian Head Massage in the UK, like other complementary therapies is regulated on a voluntary self-regulation basis. Thus, there are no actual laws in place to protect the public from unqualified or incompetent therapists. For the past ten years and in accordance with recent government recommendations, the various professional associations in each therapy have been working together to elect an overarching independent regulator to establish a national register and protect the public by validating the status of all registered therapists. This is a role of the General Regulatory Council for Complementary Therapies (GRCCT)

Practitioners on the National Register agree to abide by each of the following: a Code of Professional Conduct & Ethics, are answerable to the GRCCT Complaints and Disciplinary procedures, maintain their training and knowledge with continuing professional development and have in force professional indemnity and public liability insurance.

However, Indian Head Massage Therapist must still abide by several Legal Obligations:
1. They must ensure their data gathering and storage procedures comply with The Data Protection Act.
2. They must follow general Health & Safety legislation.
3. They must have professional insurance cover, including public and private indemnity that protect themselves and the client.

Training Required

The ITEC Level 3 Diploma in Indian Head Massage is an internationally recognised course that will qualify the therapist to practice unsupervised throughout the world. The course covers:
- The History and Philosophy of Indian Head Massage
- The benefits, contra-indications and contra-actions of Indian Head massage
- Revision and extended anatomy of the head, neck and shoulders
- Location of pressure points of the skull
- The theory and practice of Indian Head Massage
- Understanding the importance of client aftercare
- Advice on choice of equipment and clothing for both therapist and client
- To complete 5 detailed client case studies x 4 treatments

To commence the course students must have also completed the ITEC Level 3 Diploma in Anatomy & Physiology Units 30-40 and the ITEC Level 2 Diploma in Professional Conduct/Business Awareness Unit 22; or be prepared to study them alongside.

Key Aspects of Good Clinical Practice

The safe use of essential oils in accordance with COSHH Regulations to ensure client welfare.

Uphold excellent hygiene standards of to avoid cross-infection, (both personal and that of the treatment environment.)

A professional appearance and relationship that follows a code of conduct in both ethics and practice.

Obtain and maintain accurate records for all treatments.

Profession insurance that covers both public and product indemnity and safeguards both parties.

Ensure the storage of any client information is compliant with The Data Protection Act.

A thorough risk assessment prior to undergoing a treatment, that contemplates the potential risks to both client and therapist.

Basic first aid understanding and skills.

Compliance of all Health & Safety legislation relating to both the client and therapist.
Osteopathy

Concept, Origins and Development

Osteopathy is a type of alternative medicine that emphasises massage and other physical manipulation of muscle tissue and bones to improve physical and mental health and well-being. Its name derives from the Ancient Greek word for bone - "osteon" and suffering "pathos".

Osteopathy originates in America, devised and first formally practiced by Andrew Taylor Still (1828-1917). He was the son of a physician and Methodist preacher, and elected to follow his father into medicine. After studying medicine and a working apprenticeship with his father, he entered the American Civil War (1861-65) as a hospital steward. The experiences of some of the basic and dangerous medical practices of the day and the loss of 3 of his children to spinal meningitis in 1864 led Andrew Taylor Still to the idea that current medicine was ineffective and there had to be another way. He devoted the next 30 years of his life to the development of what would become osteopathy.

The therapeutic system of treatment he devised has its origin in several treatment philosophies available at that time. These include phrenology, mesmerism, magnetic healing, bone setting and conventional medicine.

In 1892 an Edinburgh surgeon, William Smith, met Andrew Taylor Still in Kirksville, Missouri. After an exchange of views, William Smith agreed to teach Anatomy to students if Andrew Taylor Still taught them (and him) Osteopathy. From this meeting the American School of Osteopathy (ASO) was established. Initially a 4 month course was offered, however this soon grew to a 2 years one. The ASO became the Kirksville College of Osteopathic Medicine which in turn became the Andrew Taylor Still University, which is still teaching osteopathy today.

One of the ASO early students was a minister called John Martin Littlejohn. Once qualified, John Martin Littlejohn returned to the UK where he is thought to have given the first UK lecture on osteopathy in 1898. John Martin Littlejohn’ experiences and belief in the new treatment was such that he went on to establish the British School of Osteopathy (BSO) in 1917 in Buckingham Gate London. The school stayed on this site until the 1980’s when it moved to Suffolk Street and then in mid 1990’s to its current site on Borough High Street in London. The school offered a Diploma in Osteopathy and had an initial intake of 20 students. The current BSO produces over 100 graduates annually, each qualifying after completing a 4 years Masters Degree in Osteopathy. There are a further 4 UK osteopathic colleges established now, and some universities also offer osteopathic degrees.

Therapy Objectives

Osteopathy aims to treat the individual client not the symptoms they are experiencing. Treatments are devised and practiced to follow the basic Principles of Osteopathy, as detailed below:

1. All body parts are interconnected.
2. That the function of one part of the body is dependent on the normal functioning of the other parts.
3. Good circulation is essential for the body to get proper nutrients, and for the removal of waste products. The lack of movement of these products leads to the development of stasis, congestion of bodily fluids and pain.
4. If given time, the body can, and will, heal itself. By removing tensions created by a longstanding or new injury, the body can regain its natural ability to function on its own and begin/restart the process of healing itself.

**Regulations and Legal Obligations**

The UK's General Osteopathic Council was set up as the regulatory body of Osteopaths following the introduction of the country's Osteopaths Act 1993. Under British law, an osteopath must be registered with the GOsC to practice in the UK. A practising osteopath must also be covered by professional indemnity insurance for a minimum of £5 million, to ensure that a patient harmed by treatment can be adequately compensated. As an osteopath you may work with children and/or vulnerable adults so, as part of your registration, you are required to have an enhanced check for regulated activity which is performed by the Government agency the Disclosure and Barring Service (DBS).

**Training Required**

In the United Kingdom, Osteopaths are registered and regulated by law as therapists but are not certified to practice medicine, (unlike US-trained osteopathic physicians). In order to be registered with the General Osteopathic Council an osteopath must hold a recognized
qualification that meets the standards as set out by law in the GOsC's Standard of Practice. This Act provides for “protection of title” A person who, whether expressly or implication describes themselves as an osteopath, osteopathic practitioner, osteopathic physician, osteopathist, osteotherapist, or any kind of osteopath is guilty of an offence unless they are registered as an osteopath. There are currently more than five thousand osteopaths registered in the UK.

Training courses generally lead to a bachelor’s degree in osteopathy (a BSc Hons, BOst or BOstMed) or a masters degree (MOst). Courses usually consist of four years of full-time training, five years part-time or a mixture of full or part-time. A degree course includes anatomy, physiology, pathology, pharmacology, nutrition and biomechanics, plus at least 1,000 hours of clinical training. There are now 9 UK institutions currently accredited to provide osteopathic training.

**Key Aspects of Good Clinical Practice**

The General Osteopathic Council has its own set of Osteopathic Practice Standards, made effective from September 2012. These are arranged into 4 main themes:

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<thead>
<tr>
<th>Theme</th>
<th>Standards</th>
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| **A Communication and patient partnership** | You must have well-developed interpersonal communication skills and the ability to adapt communication strategies to suit the specific needs of a patient.  
Listen to patients and respect their concerns and preferences.  
Give patients the information they need in a way that they can understand.  
You must receive valid consent before examination and treatment.  
Work in partnership with patients to find the best treatment for them.  
Support patients in caring for themselves to improve and maintain their own health. |
| **B Knowledge, skills and performance** | You must understand osteopathic concepts and principles, and apply them critically to patient care.  
You must have sufficient knowledge and skills to support your work as an osteopath.  
Recognise and work within the limits of your training and competence.  
Keep your professional knowledge and skills up to date. |
| **C Safety and quality in practice** | You must be able to conduct an osteopathic patient evaluation sufficient to make a working diagnosis and formulate a treatment plan.  
You must be able to formulate and deliver a justifiable osteopathic treatment plan or an alternative course of action.  
Care for your patients and do your best to understand their condition and improve their health.  
Be polite and considerate with patients.  
Acknowledge your patients’ individuality in how you treat them.  
Respect your patients’ dignity and modesty.  
Provide appropriate care and treatment.  
Ensure that your patient records are full, accurate and completed promptly. |
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<td>D</td>
<td>Professionalism</td>
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<td>You must consider the contributions of other healthcare professionals to ensure best patient care.</td>
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<td>You must respond effectively to requirements for the production of high-quality written material and data.</td>
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<td>You must be capable of retrieving, processing and analysing information as necessary.</td>
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<td>Make sure your beliefs and values do not prejudice your patients' care.</td>
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<td>You must comply with equality and anti-discrimination laws.</td>
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<td>Respect your patients' rights to privacy and confidentiality.</td>
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<td>Be open and honest when dealing with patients and colleagues and respond quickly to complaints.</td>
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<td>Support colleagues and cooperate with them to enhance patient care.</td>
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<td>Keep comments about colleagues or other healthcare professionals honest, accurate and valid.</td>
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<td>Ensure that any problems with your own health do not affect your patients.</td>
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<td>Be aware of your role as a healthcare provider to promote public health.</td>
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<td>Take all necessary steps to control the spread of communicable diseases.</td>
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<td>Comply with health and safety legislation.</td>
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<td>Act with integrity in your professional practice.</td>
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<td>Be honest and trustworthy in your financial dealings, whether personal or professional.</td>
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<td>Do not abuse your professional standing.</td>
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<td>Uphold the reputation of the profession through your conduct.</td>
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<td>You must provide to the GOsC any important information about your conduct and competence.</td>
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**Reflexology**

**Concept, Origins and Development**

Reflexology is a non-intrusive complementary therapy that is based on the theory that reflex points on the feet, lower legs, hands, face and ears that correspond to different parts of the body. Reflexologists apply specific pressure to these reflex points, using their hands, fingers and thumbs; to help relieve pain, reduce stress and tension and restore body equilibrium. Thus, supporting the body to heal itself, improving illness and well-being.

Whilst the art of reflexology dates back to around 4,000BC in Ancient Egypt, India and China, this therapy was not introduced to the West until early into the 20th Century. Between 1915 and 1920 Dr William Fitzgerald and Dr Joe Shelby Riley, (two American Physicians), worked to develop what was originally referred to
as ‘Zone therapy’. They believed that reflex areas on the feet and hands were linked to other areas and organs of the body within the same zone.

In the 1930’s, a physiotherapist called Eunice Ingham, (pictured on the left), further developed this zone theory into what we now know as the modern practice of reflexology. She believed that congestion/tension in any part of the foot is mirrored in a corresponding body part. She started her clinic in South Africa in 1981, a Reflexology and Meridian therapy school in 1983 and the South African Reflexology Society in 1985.

Therapy Objectives

When a body is out of balance due to illness, stress, injury or disease, certain energy pathways are blocked preventing the body from functioning effectively. A Reflexologist aims to detect tiny deposits and imbalances on the extremities, and by applying pressure to certain reflexes, energy blockages can be released. Thus, the main objective of Reflexology is to bring the body to a state of relaxation or homeostasis to allow the body to work more efficiently and effectively.

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<tr>
<th>Physical Benefits of Reflexology</th>
<th>Psychological Benefits Reflexology</th>
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<tr>
<td>Improves circulation</td>
<td>Eases stress</td>
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<td>Encourages toxin release</td>
<td>Reduces symptoms of anxiety &amp; depression</td>
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<td>Stimulates nervous system</td>
<td>Boosts mood and energy levels</td>
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<td>Restores body equilibrium</td>
<td>Improves sleep issues</td>
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<td>Decreases inflammation</td>
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<td>Reduces healing time from injuries</td>
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<td>Supports antenatal preparation and aids with post-partum recovery</td>
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<tr>
<td>Relieves pain, such as head-aches &amp; migraines</td>
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Regulations and Legal Obligations

In the United Kingdom, reflexology is currently regulated on a voluntary basis by the Complementary and Natural Healthcare Council (CNHC). Registrants are required to meet Standards of Proficiency outlined by Profession Specific Boards, and the National Occupational Standards (NOS). The National Occupational Standards (NOS) are statements which describe what an individual would need to be able to do, know and understand to be safe and competent to practise. Skills for Health, an independent agency, is responsible for establishing NOS across a wide range of health care disciplines, including Reflexology.

A therapist should always obtain informed written consent prior to performing a treatment. Moreover, if the therapist wishes to provide treatment to anyone under 16 they will need to obtain consent from the client’s parent or guardian, and ensure that the child is chaperoned throughout the treatment.

Reflexologists will also need to get a Disclosure and Barring Service (DBS) clearance if they are working with vulnerable individuals such as: the elderly, clients with learning disabilities and/or children.

Training Required
There are various types of Reflexology courses currently on the market that students can take. However, to register with a professional body, obtain relevant professional insurance, and be qualified to a level that permits unsupervised practice, a level 3 diploma or equivalent, (such as a foundation degree in complementary/holistic medicine), is usually required.

The ITEC Level 3 Diploma in Reflexology, is one such course. The key objective of the diploma is to enable learners to gain the practical and theoretical skills necessary to provide reflexology treatments for the purposes of relaxation and stress release. This comprehensive course not only teaches about Reflexology techniques but also covers Health, Safety and Hygiene, Anatomy, Physiology and Pathology, Principles and Practice of complementary therapies and Business Planning. Students must carry out case studies, coursework and sit both a written and practical assessment.

**Key Aspects of Good Clinical Practice**

There are several things that a reflexologist should consider to attain good clinical practice. Some of which would include:

- Obtaining a signed consent form prior to treatment that covers any contraindications that would need to be catered for or potentially prevent the session from going ahead.
- Having professional insurance cover that protects both therapist and client.
- Having a pleasant, clean and hygienic environment to perform treatments in. No too hot or cold for the client.
- Maintaining a professional appearance and client therapist relationship always.
- Referring clients back or on to mainstream medical treatment and/or other therapies, (such as counselling) for additional support where appropriate.
- Ensuring any information obtained from clients is stored securely in accordance with the Data Protection Act.