ICM Institute For Complementary Medicine

ICM Journal

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New era for ICM/British Register - and a warm welcome to all our members

On behalf of the Trustees of the ICM, I am delighted to welcome you to this, the first edition of our revamped journal, and to a new era of work for ICM and the British Register.

As you know, in September 2005, we said a sad farewell to Michael Endacott, our Director for many years and co-founder of ICM in 1982. Since then, as Michael wished, we have worked to re-establish the charity and to take it forward into a new era of work and development. Part of this process has been a re-vamp of the journal, of which this is the first edition.

Until now, the ICM journal has been available only online. Now we are also printing a hard copy version on a quarterly basis, which will be posted to all members, as well as being available online.

But the changes go deeper than a new format. The other Trustees and I hope that the new-look journal will become an active communications link for all our members and advisers. To this end, we are delighted to welcome our new editor, Sophie McKenzie, to the team. Sophie has considerable experience as a journalist and writer and brings editing skills as well as knowledge of complementary medicine to the new publication.

Sophie will gradually be in touch with our advisers across the disciplines, so that we can include in the journal, special features and case study material relating specifically to members' practice and interests.

Each issue will include:

- Features and special reports
- Case study material
- News
- Information on up-coming events and activities

In addition, research reports will be published on an ad hoc basis.

We also expect to re-establish our annual conference in the next eighteen months, with a call for papers, some of which will be published in the journal and on the ICM website.

I very much look forward to our new era of work and to future contact with you.

Beverly Martin, Chair to Trustees

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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 7237 5165** and ask for Frances, Clive or Adrian.

Ginger destroys ovarian cancer cells

Ginger not only kills cancer cells, but prevents them from building up resistance to cancer treatment, according to recent research from the University of Michigan.

In the study, undertaken by the University's Comprehensive Cancer Center, scientists applied a solution of water and ginger powder to ovarian cancer cells. They found that the cancer cells died as a result of being in contact with the ginger solution. The way in which some of the cells reacted by attacking themselves (autophagy), indicates that ginger may be able to prevent resistance to chemotherapy, a common development in ovarian cancer patients.

This study represents very preliminary research findings made in the laboratory and further study, including animal testing, is required before researchers can be sure how or if ginger may be used in the treatment of ovarian cancer. Ginger is already used to bring relief from nausea and side effects are extremely rare.

The research was funded by the US National Center for Complementary and Alternative Medicine.

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EU controls on food labelling tighten

The European Parliament has adopted new EU food labelling rules which will stop manufacturers from making nutrition and health claims for their products unless there is scientific evidence to back up such claims. The main aim is to provide clear definitions for when a food can be described as 'low fat', 'high fibre' or 'rich in vitamins'.

The new rules, approved by MEPs in May, mean that all foods making a new health claim will have to have that claim verified before going on sale. For example, if a manufacturer wishes to claim a particular food is 'low fat', that food will have to be checked to ensure that it meets the EU's standard definition for a low fat product.

Nutrient profiles will be established by the European Commission as a basis for any health claims. These profiles will concern, for example, the levels of sugar or fat or salt in foods.

A clear timetable will be set out for applications to the European Food Safety Authority for approval of any health claims. In addition, the EU will set up a register of health claims authorised. Brand names existing before 1 January 2005 will be exempted for 15 years. Fresh foods such as fruit, vegetables and bread are excluded from the terms of the new regulation.

EU Health and Consumer Protection Commissioner Markos Kyprianou said: "If economic operators voluntarily use claims or other marketing tools to sell their products, they have to be truthful and accurate and the claims must be scientifically based... The health claims regulation will prevent consumers from being misled by unsubstantiated or misleading claims."

This was the European Parliament's second reading of the proposed regulation. It is likely to become law six months after publication in the Official Journal of the EU, probably in early 2007.

Survey finds two-thirds of British adults experience depression

Two-thirds of the British adult population said they experienced depression, in a survey commissioned by the British Association for Counselling and Psychotherapy (BACP).

As far as treatments go, only 11 percent of the survey sample supported patients being offered more medication to manage their problems rather than talking-based treatment. And nearly 60 per cent of the sample said they thought counselling and psychotherapy should be fully available on the NHS.

Alan Jamieson, Deputy CEO of the BACP said: "BACP's survey shows that patients want a holistic approach to mental healthcare and are voting against what they see as its over-medicalisation. They want to discuss the causes of their depression, not numb the symptoms."

British Chiropractic Association rejects research claims that spinal manipulation has no benefit

The British Chiropractic Association has strongly rejected claims that spinal manipulation is of little help in the treatment of neck and back pain.

Research from the Peninsula Medical School in Devon reviewed 26 studies carried out between 2000 and 2005. Writing in the Journal of the Royal Society of Medicine, the researchers said they looked at studies evaluating the benefits of spinal manipulation for period pain, colic, asthma, allergy and dizziness – as well as back and neck pain.

They found that the data did not show spinal manipulation helped relieve any condition, except for back pain, where it was no more effective than conventional treatments.

In a statement the British Chiropractic Association said:

"The usefulness of manipulation is that it can be added, substituted or modified as part of a package of care, that provides management, pain control, advice and recognises risks to a good recovery. Recent clinical trials funded by the Medical Research Council show that manipulation is effective and cost-effective within such a package for back pain."

NHS hygiene still failing

Nearly 40 per cent of NHS staff do not have ongoing access to hot water, soap, paper towels and alcohol rubs to reduce the spread of MRSA, according to a report published recently by the Health Inspectorate.

A survey by the Healthcare Commission found that half of all NHS staff have still not received training in infection control.

The survey was based on replies from 209,000 employees across 570 NHS trusts.

BRCP Practitioners to benefit from new directory listings

Practitioner members of the British Register of Complementary Practitioners (BRCP) will soon be able to benefit from an arrangement made between the Institute for Complementary Medicine (ICM) and Thomson Local and Yellow Pages directories.

In the future, Practitioners will have the option to be listed under an ICM/BRCP banner ad in the directories. This move comes as part of a national programme to promote the ICM and its BRCP Practitioners.

Dr Peter Fisher of the Royal London Homeopathic Hospital

Leading homeopathic organisations reject criticisms of homeopathy

The British Homeopathic Association and Faculty of Homeopathy reject the claim by thirteen doctors in a letter to Acute and Primary Care Trusts around the UK that homeopathy should not be provided by the NHS.

"GPs and consultants have been referring patients to the five NHS homeopathic hospitals for nearly 60 years and they are in the best position to judge the effectiveness of the treatment." says BHA Chief Executive Sally Penrose.

The authors of the letter to the NHS Trusts claim that "over a dozen systematic reviews have failed to produce convincing evidence of effectiveness."

However, a survey of 6,500 patients treated at Bristol Homeopathic Hospital, published in the Journal of Alternative and Complementary Medicine last October, showed that over 70 per cent of follow-up patients reported an improvement to their health following treatment. And, claims the BHA, focussed meta-analyses show homeopathy's effectiveness in hay fever, rheumatoid arthritis and childhood diarrhoea. There are also positive randomised controlled trials for a growing range of conditions, including asthma, glue ear, influenza, ADHD, chronic fatigue syndrome, IBS, migraine, osteo-arthritis and PMS.

The critics of complementary and alternative medicine (CAM) claim that NHS funds being used to pay for complementary medicine could be better diverted to 'proven' treatments. Dr Peter Fisher of the Royal London Homeopathic Hospital says: "In fact, cost effectiveness studies consistently show that CAM is cost-effective. Adding CAM therapies to conventional care results in improved outcomes for the similar costs or actually reduces total costs."

And Frances Fewell, ICM Trustee, interviewed on GMTV the day after the letter to Trusts was sent, adds: "We need to identify research funding to support appropriate research to identify the evidence base for treatments. In addition, we should remember that the public have identified a preference for including complementary medicine within their health care and, as the NHS is funded by tax payers money, perhaps the public should have the right to choose. It is my belief that if we combine the best from both approaches to health care we can have a truly integrated approach to supporting each individual."

A synopsis of Frances' interview is available on the ICM website: www.i-c-m.org.uk

Please see page 4 for special report on CAM/NHS integration.

Creating integrated health care – opportunities for ICM members

by Frances Fewell

Frances Fewell is a CAM Practitioner and academic with nearly thirty years of clinical experience. She holds professional qualifications in a number of CAM disciplines, a first degree in education and complementary medicine and a post-graduate qualification in health and the arts. She is currently undertaking a professional doctorate considering issues surrounding competence in complementary medicine.

The last year has brought new and dramatic opportunities for complementary medicine (CAM) Practitioners. The Government's white paper: 'Our health, our care, our say: a new direction for community services', published in January 2006, now makes it possible for primary care providers to open up as much as 20% of the services they provide to the independent sector.

This gives CAM Practitioners a unique and short-lived opportunity to step up and offer their services to GPs. It could be that truly integrated heath care is just around the corner in the UK and the ICM is positioning itself to be a vital force in making this happen.

Professional competence

If CAM Practitioners like myself want to be considered as true healthcare professionals, there must be a way of measuring and signalling our professional competence. If the NHS and local General Practitioners can purchase treatments from us, they need to be able to determine our competence to practice.

Complementary Medicine is moving towards regulation either statutory or voluntary depending upon the discipline concerned. The opening up of the market offered by the Government's white paper gives us an ideal opportunity to reflect upon what we mean by clinical competence and on Practitioner ability to make clinical (not medical) decisions – or 'complementary diagnoses'. It is my belief that this clinical decision-making is at the heart of how CAM Practitioner competence should be assessed and maintained. Clearly standards need to be set and met, to show both GPs and the general public that CAM Practitioners are trustworthy and offer a range of genuinely useful support services.

Need for levels of skill recognition

I know from personal experience that there are some excellent courses offered by a variety of awarding bodies. But it is not enough for Practitioners of a discipline to attain just one, initial qualification. As with any skill, there is a big distinction to be made between the recently trained and those who have been in the profession a long time.

At the Institute, we have considered the issues of practice and competence for a number of years. Our view is that clearly defined career progression opportunities should be available to therapists in the several disciplines, including massage, aromatherapy, reflexology, Indian head massage and manual lymphatic drainage. These should enable the individual therapist to develop his or her knowledge and understanding over a period of years. Eventually 'junior' therapists may become Practitioners and perhaps even consultants or specialists, following a career profession similar to that of our nu rsing colleagues.

Issues surrounding such advanced practice include the need for therapists to have clinical supervision and professional updates and possibly the opportunity to work with a mentor. In private practice, training is funded by the individual and we need to be careful that in setting up more levels of qualification, we do not impose too heavy a financial burden on the trainee. On the other hand, it is likely that advanced qualifications will lead to greater general respect for CAM disciplines. This, in turn, may make it easier for those wishing to study those disciplines to borrow money for their training and repay it over time, offsetting it against tax as a legitimate business expense.

To be truly effective, regulation requires industry-wide agreement on standards for practice and registration. This movement to a unified level of agreement in each discipline began in the mid 1990's, bringing the professional benefit of allowing CAM Practitioners to operate as a unified body. Now is the time for us to take the further step of recognising different levels of skills within each discipline. The benefits to ourselves are obvious. But these moves will also benefit the public, who will be better able to safeguard that they are seeking treatment from a professionally-recognised member of a discipline.

ICM support for CAM Practitioners

We intend to support members with advice and guidance on how to negotiate with local healthcare providers. This could also lead to networking opportunities and the chance to work with an inter-disciplinary team. Once further discussions have taken place, we will provide regular updates and workshops to enable our membership to better understand how they can benefit from all the exciting opportunities that the future holds.

Integrated healthcare is the way forward and CAM Practitioners have a great deal to offer.

The management of stress and wellness is currently receiving good press. This potentially gives CAM Practitioners working alongside the NHS the opportunity to provide clients with treatment plans through which they feel empowered and enabled to make informed choices about their health care needs. We are also able to consider preventative healthcare programmes. Certainly when it comes to the areas mentioned above, alongside cholesterol and blood pressure checks, some of our natural, holistic approaches may be really beneficial.

Integrated healthcare is the way forward and CAM Practitioners have a great deal to offer. Collectively, we must focus on developing strategies that will enable us to market our profession effectively and to determine how best we can support the primary care sector. We are in a great position at the moment - able to share our knowledge and expertise and, in so doing, to really grow our profession. In addition, we have a wealth of information through our client case notes as well as the opportunity to research our activities and to audit our work. Most importantly, we have a broad spectrum of experiences to bring to the NHS and are able to talk the same language as our medical colleagues.

Practical consequences of CAM Practitioners integrating with NHS provision.

The following are just some of the questions concerning definition of practice, which the ICM and its members need to consider.

1. Should CAM Practitioners become part of NHS clinical teams with equal status to medical Practitioners? If so, how should this be effected?
2. Who will decide on the type of CAM treatment that is appropriate for a particular condition or individual?
3. Will a treatment programme be provided to a limited number of sessions (as is currently the case with most counselling in GPs' surgeries), or tailored to the specific needs of the patient?
4. Will the range of treatments available include acupuncture, homoeopathy, medical herbalism, osteopathy, nature cure? Or will treatment be confined to elements of 'pre-ventative medicine'/improved life-style and education?

But the issues raised by the prospect of integrated healthcare are not merely practical. The fundamental ethos of CAM needs to be accepted by the NHS too. In particular, many CAM disciplines take a multi-dimensional view of the person based on subtle energy fields. These are seen to underlie the manifestation of dis-ease, and can also be influenced to aid the healing process within the system as a whole. To what extent would this view become acceptable scien-tifically and within the NHS?

It is imperative that we establish a bridge between ourselves and the NHS, concerning our respective understandings of the model of the person. For example, most CAM disciplines work to minimum intervention in order to stimulate innate, homoeostatic potential for balance within the system. To what extent would this be compatible with NHS practice?

Unless these core CAM principles are mutually understood and accepted by the NHS, the inherent ethos and potential for deep levels of healing and change which CAM practice can provide, will be marginalised and – at worst – replaced by a distorted version of whole-person medicine.

The ICM will continue to promote and encourage dialogue and research on all these key issues.

The Government's white paper: 'Our health, our care, our say: a new direction for community services' can be found at: www.dh.gov.uk/ assetRoot/04/12/74/59/0412

BRING ME SUNSHINE: LIGHT THERAPY IN COMPLEMENTARY MEDICINE

By Jan Pleshette

Jan Pleshette has written on health and complementary medicine for many years and is a practicing reflexologist. Her books include Health On Your Plate (Hamlyn 1983, 1987) and Cures That Work (Century Arrow 1986). Jan has also contributed to a number of magazines, including Living, Here's Health, and Aromatherapy and Natural Health.

We know instinctively that sunshine is good for us. The way natural sunlight lightens our moods and boosts our energy levels is not an imaginary phenomenon. But how does light have this effect? Scientists have been exploring the pathways along which natural light exerts its powerful influence on mind, body and spirit. Their findings, as this article shows, suggest that natural light is essential for health and can be used as a safe and non-invasive therapy - a valuable part of complementary medicine.

WHAT IS LIGHT?

We live in a sea of electro-magnetic energy coming from the sun. At its most intense wavelengths, this energy is visible to us as light. Below visible light - at longer wavelengths - are infrared radiation and wavelengths used for communications. Shorter wavelengths include biologically potent ultraviolet light, X rays and gamma rays.

WHAT'S HAPPENING TO LIGHT?

Sunlight crosses 93 million miles of space to reach us in eight and a half minutes. Our atmosphere filters this light, trapping most of the harmful ultraviolet in its layer of ozone gas. However, as has been widely reported, our release of CFCs and other chemicals is changing the nature of sunlight. Once they reach the stratosphere, these chemicals release chlorine which thins our protective ozone layer, allowing harmful UV rays through.

The National Society for Clean Air and Environmental Protection says that international protocols have dramatically reduced harmful chemical emissions. However, they estimate that we need forty to fifty years before the ozone layer recovers completely. In spring 2005, ozone levels were the lowest ever recorded.

Ultraviolet radiation ages the skin and damages the body's DNA; long-term exposure can cause skin cancer, the incidence of which is rising. According to British Medical Association figures, even a ten percent decrease in the ozone layer causes 600,000 more cases of a fatal skin cancer - malignant melanoma.

Perhaps we forget, in the face of these uncomfortable facts, that almost all life on this planet, including ourselves, is nourished and energised by sunlight. Without it, we would not be here. Starting at the bottom of the food chain, plants take energy directly from sunlight and use it to grow in the process of photosynthesis. At the top, Man has evolved and spent most of his history under natural daylight. Our bodies - especially our eyes and hormonal systems - were designed to live with, and take nourishment from, unimpeded light from the sun.

But now, less than ten percent of the world's population works outside. Homes, offices and factories are bright with artificial lighting. We get up under incandescent tungsten lights and we may spend the whole of the working day under fluorescent light and our evenings in front of a TV screen or a computer. The natural daylight in our lives is usually limited to a few hours in the garden at the weekend and a two-week holiday each year.

SUNSHINE AND LIFE

Clearly, for most people, the physiological need for natural light is not being met. According to Dr Richard Wurtman of the Massachusetts Institute of Technology, 'People who spend most of their lives indoors under limited natural and artificial light could be seriously harming their health'.

Our bodies use daylight in many different ways. The influence of light on nutritional status is vital. When natural light reaches the surface of the skin, it causes a form of vitamin D (cholecaciferol) to be made and absorbed through the skin into the body - the best route, in fact, for healthy levels of vitamin D. Just 15 minutes in the sunshine can increase your vitamin D levels (but leave light-bathed skin for 24 hours without washing, which reduces the effect).

In its turn, vitamin D enables calcium to be used for strong bones and teeth, a healthy heart and nervous system, and good eyesight.

Moderate exposure to sunlight stimulates the formation of inter-

feron, the body's natural defence against viruses, encourages the formation of red and white blood cells and can lower both high blood pressure and high blood cholesterol. Sunlight, which causes dilation of blood vessels, improving circulation and bringing colour to the skin, has been used to treat the skin conditions erysipelas and psoriasis, and may even improve the growth of existing hair. There may be a link between natural light and weight control; sunlight can stimulate the thyroid gland, quickening energy production so that more calories are burned.

Researchers at London's Institute of Child Health measured the growth rate of over 400 children living in the Orkney Islands, and found that they grew significantly more in the spring and summer than in the autumn and winter. This seasonal variation was absent in blind children. Why? Photo-receptors in the eyes are linked to nerve pathways running to the hypothalamus, a tiny gland affecting growth, energy production, water and temperature regulation, emotions and sexual desire, sleeping and waking, It also exerts sway over the neighbouring pituitary - known as the "master gland" – and, from there, over the entire endocrine system. The light that reaches our eyes, therefore, wields power over almost every body function, and this is the reason for the children's accelerated growth. Sunlight is food, both for us and for every other form of life on earth which it reaches.

SUN BLOCK

Another window through which light shines into us is the tiny pineal gland in the forehead, receiving impulses from the eyes which have a direct effect on its production of the hormone melatonin. Melatonin's high winter levels help to damp down energy and sexual feeling, and its output diminishes in the spring.

Ordinary glass has a blocking effect on full-spectrum daylight.

John Ott, the American light pioneer, believed that unimpeded sunlight is essential to health. Once a time-lapse photographer for Walt Disney, he found that some of his plants thrived poorly under greenhouse glass. Ott pointed out that ordinary window glass cuts out part of the whole light spectrum and that spectacles and sunglasses, useful though these are, have the same effect in preventing certain light-related benefits from filtering through the eyelids.

ARTIFICIAL LIGHT

What are the differences between sunlight and artificial indoor lighting? The most obvious difference is brightness. Outdoor illumination, on a bright sunny day, measures over 10,000 lux (an international unit of measurement). Indoor lighting starts at about 600 lux. This level can impair concentration and easy reading, but encourages relaxation.

Tungsten, or incandescent, lighting, is very attractive and a steady source of light. Fluorescent lighting, however, is another matter. A fluorescent tube gives off a flicker detectable by the brain but not the eyes and emits high-energy far-ultra-violet light. Most people can tolerate modern fluorescent lighting, but there are some who suffer from headaches, eyestrain, giddiness and nausea if they are exposed to it. British scientist Dr Valerie Beral found that women working for long periods under fluorescent lighting had twice the risk of developing melanoma (Lancet 1982, ii; 290-3); this result was later matched in a study for men. According to German Professor Fritz Hollwich, fluorescent lighting causes stress; his warning led to a ban on ordinary fluorescent lights in German hospitals (What Doctors Don't Tell You, July 2001).

MIMICKING THE SUN

Full-spectrum lighting - a growing industry - mimics the sun's spectrum as closely as possible, although some doctors believe that other, bright but less expensive, lights are just as effective. FSL has been found to increase both visual acuity and physical strength and stamina. It is used now in some hospital clinics to treat the winter lethargy and depression known as SAD (Seasonal Affective Disorder).

Angela Sprigg, 55, a part-time secretary from the West Midlands, has been coping with severe depression for seventeen years. 'I couldn't survive without light therapy,' she says. 'I have 30 minutes FSL from a lamp in the morning before I go to work and, from October to February, I have half an hour extra in the afternoon. When I finish work I like to get into the garden but, in the spring and winter, I need more than I can get from natural sunshine; I make it up with FSL'.

Full-spectrum lighting has been extensively studied for its effects on SAD and there is a large amount of published research, including an article in Res. Arch. Gen. Psychiatry, 1998, Oct.55(10)861-2), which summarises that 'light is an active neurobiological agent'.

LIGHT THERAPY FOR OTHER CONDITIONS

As long ago as 1903, Danish scientists used FSL successfully to treat tubercular skin and, since the early 1970s, jaundice in newborn babies has been cured with FSL. A new study links vitamin D deficiency to MS and found that people further away from the equator and therefore under less sunlight were more vulnerable (CAM March 2004). Recent American research confirms that FSL treatment strengthens the immune system (What Doctors Don't Tell you, December 2005), and it is being used to help sufferers from Alzheimer's Disease.

Replacing fluorescent lighting with FSL in classrooms caused a big improvement in the children's behavior. A study found a 32 percent drop in hyperactivity when fluores-

Physiolight SAD Light Box

cent lights were removed from the classroom (Except. Child. 1981, 417-352). Other studies have found a reduction in children's tooth cavities under FSL or natural sunlight.

LIGHT THERAPY AND THE COMPLEMENTARY PRACTITIONER

Complementary practitioners may like to pass on the advice of Dr Adam Collins of the British College of Naturopathy and Osteopathy. Dr Collins recommends simply sitting or walking in the sun for about 20 minutes each day, without spectacles or contact lenses. Preferably 'your shadow should not be longer than your height. If it is, the sun is too low in the sky to have an effect', says Dr Collins, adding: 'Sunlight is particularly important for Asian, Muslim and black people because their dark skins reduce the synthesis of Vitamin D. Other vulnerable people are hospital patients and old people who never go out. FSL equipment is particularly useful in the winter and for these vulnerable groups.'

Practitioners can install FSL lighting in their consulting rooms, thus providing not only their patients but also themselves with the benefits of full-spectrum lighting.

SUNBATHING, SUNSCREENS AND SUNBEDS

Sunbathing should start with 15 minutes daily to each side, between nine am and 11am, or three pm and five pm, preferably in spring and early summer. Increase exposure by five or ten minutes daily as the skin develops a tan

Most chemical sunscreens contain free radical generators which, when broken down by UV light, can initiate a chain reaction that leads to skin damage and even skin cancer (Naturopath Harald Gaier). Researchers warn that high levels of oxybenzone, used in high-SPF (sun protection factor) creams can be absorbed into the body, where its effects are unknown (Lancet, 1997, 350; 863-4). The Lancet recommends that sunscreens should not be applied repeatedly to large areas of the body over long periods of time. Extensive use of sunscreens on children can encourage freckles, thus increasing the risk of later skin cancer (J. Nat. Cancer Inst. 1998; 90; 21 1873-80).

Sunbeds, like sunlight, cause the skin to produce a tan in order to protect itself. But they are the subject of much debate. Sunbeds do not provide a full spectrum of light and their wavelengths can cause skin irritation and redness, uneven pigmentation, and skin damage, particularly on fair skin. They have also been linked to eye conditions and even skin cancer. Anyone deciding to use a sunbed should wear goggles, follow guidelines on exposure, and stop if any unpleasant skin reaction occurs. People with very fair skin, red hair, freckles, any medical condition which increases sensitivity to sunlight, or who are taking any drug which does the same, should not use a sunbed.

Seasonal Affective Disorder - Symptoms

Depression between September and April, accompanied by -

- Sleep problems
- Overeating, especially of carbohydrates
- Desire to be alone,
- Loss of libido and feelings
- Fatigue, finding ordinary tasks difficult
- Aches and pains, indigestion, lowered immunity
- Behavioral problems, especially in young people.

Further information:

More information on Seasonal Affective Disorder is available from the SAD Association, PO Box 989, Steyning, West Sussex, BN44 3HR, telephone 0190 3814 942, www.sada.org.uk.

The National Society for Clean Air and Environmental Protection. Telephone 01273 878 770, www.nsca.org.uk.

For a range of natural sunscreens, contact Weleda (UK) Ltd. Telephone 0115 944 8200, www.weleda.co.uk.

For information on installing FSL lighting in your home or office, contact OUTSIDE IN (Cambridge) Limited, 3 The Links, Trafalgar Way, Bar Hill, Cambridge CB3 8UD. Telephone 01954 780500 /780510, www.outsidein.co.uk.

BOOKS

Daylight Robbery by Dr Damien Downing

Health and Light by John Ott

The Future of Light by Hardwin Tibbs

Integrated psychotherapy may help bi-polar depressive disorders

By Beverly Martin

Beverly Martin is Course Director for the MA in Psychotherapy & Healing at Middlesex University and a practicing psychotherapist who has worked consistently with clients presenting bi-polar conditions over the past twenty years. She is also Chair to Trustees at ICM.
In this article, she shows how integrated psychotherapy, combining Jungian and holistic approaches with self-help and an educational focus, may aid healing in cases where abuse and loss in childhood have arguably formed an underlying cause to bi-polar depression as an adult.

When a patient presents to their GP with symptoms of manic/bi-polar depressive disorder, the most usual course of treatment is to refer the patient to a consultant psychiatrist, who may then prescribe long-term medication. This may be supported – where the service exists within the NHS – by brief or short-term counselling within the GP's practice. It is rare for patients suffering from MD to be referred for long-term psychotherapy as it is generally considered, within the medical profession, that this will not help to alleviate the symptoms. An underlying reason or *underlying cause* is usually not endorsed.

However, as the following cases demonstrate, loss which has not been fully addressed or grieved may gradually respond to psychotherapy and provide a context for considerable change and healing.

Freudian and post-Freudian theory

Sigmund Freud (1856-1939) provides a most interesting and helpful theoretical base for understanding manic states. In his work *Mourning and Melancholia*[1] Freud defines the essential differences between a healthy processing of loss – which in time strengthens the ego and the psyche; and, on the other hand, the measures and defences we may employ in order to avoid the trauma of loss. Freud believed that it is these manic defences which lead to illness and to a manic flight away from the process of grieving.[2] Genuine, healthy mourning is marked by several stages of grieving, which includes *the work of mourning*, the testing of reality that the object is indeed lost, and the pain that brings. Gradually, as this process continues, the lost person or situation may be regained within the psyche in a new way, and is internalised once again as a loved and established object. For Freud, this cannot be achieved if the pain of genuine mourning and grieving is not accepted and processed thoroughly.

Where it is avoided, a manic state may develop – defined through bi-polar swings. The high phase of the swing can often be very creative, with a great many ideas and projects started and pursued (but possibly not completed); the low phase that inevitably follows, moves down often into deep depression and sterility, where only the minimum activity or daily function is possible. What is missing in the bi-polar flight is the middle-ground – the "earth' which is too painful to inhabit, and which is constantly avoided as a defence by the means of the bi-polar swing.

While it is true that bi-polar conditions can set in as a reaction to incomplete mourning in childhood or later life, it can also be suggested that a tendency may begin in the pre-verbal years, as a reaction to environmental failure, maternal deprivation, or incomplete nurture which are, arguably, registered by even the very small infant. This area of psycho-analytic practice and research was developed and presented by Melanie Klein (1882–1960)[3] and the paediatrician and psycho-analyst, Donald Winnicott (1896-1971) in his work with infants and adults.[4]

The Jungian/Transpersonal approach

Integrated psychotherapy is informed by this Freudian and post-Freudian basis in its approach to MD. From this base, the work of C.G. Jung (1875-1961) then provides a more complete map of the psyche which includes the concept of the wisdom of the unique,

innate Self in each of us – a guiding principle which speaks to us in our dreams, using symbols and inner theatre. It can also be observed empirically that the dream process is not random, but presents information which most specifically brings to our conscious attention those areas of the mind and psyche which need our attention and healing – and which may also contain our greatest potential, albeit in a primitive and unhealed form.

It is the work of psychotherapy in the Jungian approach[5] to analyse, associate, discuss and dialogue with the client, so that the innate meaning and guidance of a dream – or series of dreams – brings to light the underlying tensions and areas which are in need of repair. In the theory and practice of integrated psychotherapy, this is seen as a process of healing in the holistic sense, which can include other interventions in the field of complementary medicine – usually from another Practitioner by referral – and which has as its focus the channelling of Light energy, bringing together healing energies and intuition as part of the psychotherapeutic relationship and process. Some of these elements are illustrated in the following brief extracts. (Names and personal details have been changed.)

The repressed child

Gina was an only child from a religious family. She was brought up to follow her parents' religion to the letter, and to understand that 'everything has to be perfect here to serve God'. This extended to every area of the house in which the family lived, where nothing could be left out of place, and to Gina's clothes which had to stay perfectly clean at all times. Any deviation from this standard of 'perfection' led to deliberate beatings of a precise nature. From these beginnings, Gina strove to meet every standard required of her, even finding some considerable success in her professional field. Then, in young adulthood, severe periods of clinical depression with bi-polar episodes began to strike at regular intervals, with hospitalisation and medication. No psychotherapy was offered during these episodes.

The unhealed loss we were able to discover and hold gradually related to the spontaneous child who had been severely repressed, controlled and beaten – all in the name of an idealised 'perfection'. In time, Gina was able to 'forgive' herself for not being 'perfect', and to allow for a spontaneity that could tolerate (though not celebrate) such sins as muddy feet, dirty socks, messy hands and finger painting – basic play that had been denied to her. During the four years of regular sessions, Gina found great benefit from working with a self-healing tape at night and during the day-time, and also from several short courses of reflexology from another Practitioner. Gina's early experiences were so severe that she did not achieve complete wellness or freedom from depressive tendencies; she did, however, reach a much more stable state where bi-polar episodes were not experienced over the four years of work.

Unhealed trauma

In another example, Sheila had experienced several breakdowns since her late teens, with severe manic depressive episodes and bi-polar swings of a very strenuous nature. Gradually, through dreamwork and weekly sessions over a three-year period, we were able to find the unhealed trauma of the death of her mother in her early teens.

From the material we worked through together, it came to seem as though the young, teenage Sheila had almost been frozen in time – as though some part of her psyche had stopped functioning and was trapped. This can occur as a defense measure within the psyche, where unresolved experiences are contained within a complex which acts rather like a hard, psychic shell. Yet, as we know from the laws of physics 'energy is never lost' – and an underlying element which is repressed or denied through trauma may use every means it can to be seen and heard. Illness and symptom formation can arguably be understood in this light – as a signal for an underlying cause or complex of energy to be recognised and brought into the psyche as a necessary and authentic part of the whole Self. In terms of loss, this cannot be achieved without genuine mourning for what has been lost.

Sheila had followed the underlying assumption and defence in the family after the loss of her mother, that 'we don't show our grief here'. We came to see how she had managed this for several years, until the psyche could not stand the defence any longer, and manic-depressive symptoms emerged with a vengeance, with breakdown and hospitalisation – the first of several such episodes over the following decades.

With the support of holistic psychotherapy, self-help tapes, dreamwork, spiritual healing, a peer group, and nutrition therapy, Sheila re-connected with the repressed loss and grief for her mother. I believe she experienced the genuine process of mourning, through therapy, that had been missed and, through that completion, her psyche and system no longer needed the manic flight of bi-polar symptoms. Sheila has remained well for several years.

Fragile identity

Jessica, now a 62 year-old woman, is unmarried with no children. Her parents 'wanted to dance' after the war, and left her unattended for many hours in a pram or locked in a room on her own while they went out. At times Jessica emptied the contents of her nappy all over herself and the room, and on one occasion, as a toddler, somehow climbed to the top

of a wardrobe. We can only imagine the terrible fear such a very young child might experience in such circumstances. Where the container of the primary carer is not sustained, the infant and young child is left alone with its fears and phantasies, which threaten to fragment the fragile ego formation and identity. Instead of good objects and trust, which are the basics of positive self-esteem, frightening experiences and fears inform a fragile identity which cannot trust itself or the world. For Jessica these early traumas arguably led to bi-polar depression, many breakdowns, suicidal tendencies and paranoid episodes. Jessica was so severely traumatised that she has never been able either to work regularly or achieve much satisfaction in life. She is, however, very interested in her dreams and has seen clearly how the dreaming mind is telling a story of the tragic loss of what could have been a healthy and very creative child and adult. She continues to grieve for this. However, although not completely well by any means, Jessica has not had a bi-polar episode or hospitalisation for many years.

From these brief examples, it is arguable that, as in alchemy *'the stone that the builder rejected may become the cornerstone'*. That is to say, the most fragile and vulnerable part of our nature – which quits the scene as a defence against loss or trauma – may, in its rightful, healed state, become the cornerstone of the self we are meant to be.

Holistic psychotherapy in this context is not 'quick', but it may provide a genuine experience where, through the guidance of dreams, complementary approaches, and the quality of the therapeutic alliance, the element that was lost may be re-discovered and internalised in a new way, through a process of healing and re-membering.

Holistic and educational approaches utilised by clients between sessions include:

1. Self-healing tape by Barry Konikov, Potentials Unlimited, available via www.countrybookshop.co.uk
2. The Inner Child Workbook (1991), Cathryn L. Taylor, pub. Jeremy P. Tarcher.
3. Self Management Programme: MDF The BiPolar Organisation. Tel: 08456 340 540 (UK only). www.mdf.org.uk. A source of personal and groupsupport, including advice on natural therapies, nutrition and nutrition supplements.
4. Introduction to the Work of Melanie Klein (1988) Hanna Segal, pub. Karnac.

References:

1. Freud, S. On the History of the Psycho-analytic Movement.

   Mourning and Melancholia (1917). Pub. Vintage.
2. *ibid*.
3. Klein, M. Envy and Gratitude (1997). Pub. Vintage.
4. Winnicott, D.W. Through Paediatrics to Psychoanalysis (1992). Pub. Karnac.
5. Jung, C.G. The Practice of Psychotherapy, CW Vol. 16. Pub. Routledge.

The MA in Psychotherapy & Healing, of which Beverly Martin is Course Director is validated by Middlesex University as a 2-year, part-time programme, and by the ICM/British Register. Graduates are eligible to join the Psychotherapy Division of the BRCP. For further information please contact 0208 340 1306.

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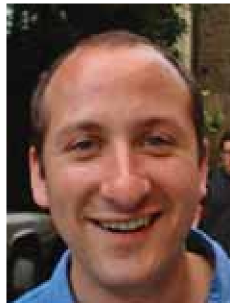
The new team at ICM/BRCP

We thought you would like to meet the new team at ICM/BRCP. We are in the process of recruiting two additional members to help on the administrative side at our Surrey Quays headquarters. Meanwhile, here is the line-up so far.

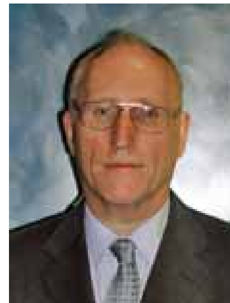
We are also delighted to welcome Lord Ken Atherton to our group of Patrons. Many of you will know Ken's work in the field of acupuncture and through the Acupuncture Council. We are extremely pleased to have his continued support for ICM and the British Registrar.

Frances Fewell
Director

Beverly Martin
Chair to Trustees



Dr Martin Egan
Trustee and Special Advisor



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Gen. Sec/Registrar

Adrian Wilcock
Comm/IT Manager/ Deputy Registrar

Sophie McKenzie
Editor, ICM Journal

Diary of Events

Heart of Wellness workshops
When: 24 – 27 July and 28 – 30 July 2006
Where: Florence House, Seaford, E Sussex
What: Residential workshops facilitated by Dr Harvey Zarren and Michal Curry focusing on healing and 'opening your heart'.
For more information: call Di Brown on 01278 722000 or email admin@bhma.org

Academy for Human Changework: 19th International Summercampus
When: 24 July – 12 August 2006
Where: Abano Terme, nr Venice, Italy
What: Hypnotherapy and Trance, Group Dynamics, NLP, Systemic Counselling and Kinesiology among other disciplines.
For more information: www.humanchangework.com

Future Congress
When: 4 - 6 August 2006
Where: Abano Terme, nr Venice, Italy
What: How powerful new models and methods of communication can be applied to the fields of coaching, counselling, education, politics, training and health and therapy.
For more information: www.humanchangework.com

Homeopathy Seminar
When: 8 – 10 September 2006
Where: Leeds Met University
What: A three day seminar led by Dr Paul Hersch on managing difficult cases, organised by the Yorkshire Centre of Classical Homeopathy.
For more information: call 01274 or email bingleyhomeopath@gmail.com

The Natural Trade Show Harrogate 2006
When: 24 – 25 September 2006
Where: Harrogate International Centre
What: A show for independent retailers and those suppliers who wish to support them.
For more information: call 01279 816300 or email info@naturalatradeshow.com

CAM Expo – Complementary and Natural Healthcare Expo 2006
When: 15 – 16 October 2006
Where: ExCel, London
What: Over 200 exhibitors supplying CAM products and related services, 5000 Practitioners and therapists and an extensive seminar programme.
For more information: www.chexpo.com

Academy for Human Changework: 14th International Worldcampus
When: 28 January – 16 February 2007
Where: near Rio de Janeiro, Brazil
What: Hypnotherapy, Integrative Coaching, NLP, and Kinesiology etc.
For more information: www.humanchangework.com

ICM and BRCP leaflets: Our new corporate logo and colour scheme has been used in revising our leaflets. **The ICM leaflet** presents an overview of services to the public, while the **BRCP leaflet** describes the benefits of Membership to Practitioners and training courses. If you would like to receive samples of the new leaflets in support of your practice or training course, please let us know.

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