This Is Our 17th Year!

We are proud to display some of our past covers below. Some of these magazines are still available in print, but a lot are now only available in digital formats. Please visit our website for more more info.

www.theartofhealing.com.au
SILENCE
Vital for our Brains

What is LIFESTYLE MEDICINE?

ONLINE PROGRAMS for ANXIETY

Nutritional Psychiatry for Mental Health

MEDICAL CANNABIS
What’s the Fuss?
Questions to Myself

Can you hold close to your bosom
the knowing that all will change?

With this understanding,
do you have the courage and the faith
to walk out into each new day?

What choice do you have?
You have borne the agony
and the joy of impermanence.

The response is clear –
to face your life
with either fear or allowing.
Open your hands;
let life flow through them.

The primal urge to grasp is futile,
like attempting to contain water in a sieve.
It will not give you what you want or need.

Feel the coming and the going:
be exhilarated in the both.
Delight in the dance
of each precious present moment,
float with the tides as they rise and fall,
lovingly held up on the waves of time.

Carolyn Chilton Casas
what's inside?

NEWS BYTES & RESEARCH

8 Better Diagnosis To Improve Breast Cancer Treatment

10 Pema Chodron: A Buddhist Teaching on Loneliness, Rejection and a Broken Heart

12 Inspiration from Herman Hesse’s Siddharta

14 Science Says Silence is Vital for our Brains

16 11 Superfoods That Will Recharge Your Body

18 What Is Lifestyle Medicine and How Do I Get It From My GP?

22 Environmental Exposures Early in Life Modify Immune Responses

24 Why Nutritional Psychiatry is the Future of Mental Health Treatment

31 What is the Difference Between Sorrow and Depression?
FEATURED ARTICLES

26 Online Program an Effective Tool for Overcoming Anxiety
SUSAN H SPENCE, CAROLINE DONOVAN, SONJA MARCH

32 What's the Fuss? Medical Cannabis in Australia
PROFESSOR KYLIE O'BRIEN

40 INTERVIEW
SHANON HARVEY

46 Health Risks Associated with Long Term Opioid Use
BETH DARNALL

52 Reclaiming Traditional Medicine and Healing Forests in Peru

56 Tools For Living
CAROLYN CHILTON CASSAS

60 RECIPES
HARRIET BIRRELL

64 BOOK REVIEWS

66 QUOTES ON CHANGE
Thank you to all the writers, organisations, and people we interviewed for their time and contributions to this magazine including (but not limited to):

- Susan H Spence, Caroline Donovan, Sonja March
- Professor Kylie O’Brien
- Shannon Harvey
- Beth Darnall
- Carolyn Chilton Cassas
- Harriet Birrell

FRONT COVER IMAGE BY:
LUCY PIERCE
Forest Protector with Sooty Owl and Leadbeaters Possum
www.lucypierce.com

CORRECTION:
Our sincerest apologies for our error in the art credit for our DEC/FEB 2019 magazine. The correct artist should have been Chris Hazell for this beautiful image called Learning To Fly. If you would like to see more of Chris’ work, please visit her on Instagram: @chrishazell artist.

DISCLAIMER: All material provided in this magazine should be used as a guide only. Information provided should not be construed or used as a substitute for professional or medical advice. We would suggest that a healthcare professional should be consulted before adopting any opinions or suggestions contained in this magazine. Whilst every care is taken to compile and check articles contained herein for accuracy, the Publisher, Editor, authors, their servants and agents will not be held responsible or liable for any published errors, omissions or inaccuracies, or for any consequences arising therefrom. In addition, the inclusion or exclusion of any treatment or product in editorial or advertising does not imply that the Publisher advocates or rejects its use.
was going to begin this Editor’s Note by taking a big step back and making comment on ‘the world today.’ But then I realised, I am really not in a position to make a comment on this. I don’t watch TV, I don’t read mainstream newspapers (regularly enough), I don’t listen to radio. I do see some information come across my social media feed, but really, not enough to comment. And reflecting on this, I think it is important that I state this because all media should be understood within the context it is presented.

The purpose of this magazine, is to inform and educate readers about health and healing alternatives. So the information you will read in this magazine, is from articles I have selected from the 17 years I have been producing this magazine, on topics that I feel are most relevant and helpful for those of us wishing to stay and live well – without too much outside interference.

And by ‘well’ I mean functioning to a level where you have no pain, but also where you feel capable and motivated to engage with life on an ongoing basis. To do this, I believe you need to check-in with the physical (movement + nutrition), mental, emotional, social, spiritual and environmental aspects of your self. And what I have found is you really need to be in constant touch with all of these levels to ensure you keep in balance.

So for example, you might find sometimes you feel irritable (emotional level), which might mean you are not getting enough sleep. Or it could mean, you are not drinking enough water. It could mean any number of things, so it is a matter of you checking this yourself and tuning in to where you are – at that particular time – on each of the levels above.

Another example … when you look at your life you might notice you spend a lot of time alone, which might suggest that – for more optimal wellbeing – it is worthwhile becoming more social (social level) – popping around to see friends more often, doing things that make you feel more part of your community. So it is a matter of looking at your life to see how you are faring on all these levels, all the time.

I was also recently talking with a friend, who said “I don’t know what wellness is. What is it?” The easiest way I would explain ‘wellness’ is if you think of a spectrum, where illness is at one end and wellness is at the other. So at any given time you can be in a different place on this spectrum. It just depends on us … on whether at any particular point in time we are more on the illness side, or more on the wellness side.

Your beliefs and values also come into play here. Do you believe for example, that your body is capable of healing itself without interference – so long as you keep it well on all the levels I mention above? I will take a punt that a lot of you would say it depends on how sick you are, or how much a particular ailment is affecting your being able to live your life as you would like to. I would agree on this, but it still comes back to what extent you will let your own body heal you – with your support of course. So by support I mean eating fruit and veg daily, moving/exercising daily, socialising daily (cups of tea with friends, yes a bit of social media OK in my books), doing some sort of spiritual practice daily, checking in on your surroundings – where you work and at home daily. Perhaps, the mental and emotional aspects of ourselves are the most difficult to check in on [specifically], but I would say if you have ticked the above boxes, then when you check on how you are going mentally and emotionally, they will be a reflection of how well you have done in the other areas.

For example, if you have woken up and jumped out of bed as you are a bit late, had a quick shower, grabbed something to eat as you are running around getting ready, rushed to work, spent the day working without many rest or food breaks, you are more likely to finish your day feeling quite exhausted. In comparison, if you woke up and then stayed in bed for even 5 minutes before actually getting up, if you took note of how you are feeling while you are having a shower and getting ready for work – so tuning in to yourself, if you sat down and had some breakfast and really appreciated what you are eating, and if you took regular breaks during the day, you would probably find by the end of the day you would feel quite differently to the former example.

As I am writing this I feel I need a break so … just a sec … going to do a bit of yoga now … be back in a minute.

Now where was I .. yes. Tuning in to yourself. It was interesting in this issue to publish an interview with Shannon Harvey (p. 40) where I actually asked her how she tunes into herself, and she said she didn’t agree with this, so it’s interesting to hear how she practises preventative medicine in her life.

I am very, very happy to have been able to run another article on medical cannabis contributed by Professor Kylie O’Brien, which brings us up-to-speed with where this issue is at because there are so many people who can benefit from medical cannabis.

The research article about how effective online programs are for mental health – particularly anxiety in children and youth, is also just so important, as via the web really is the delivery method for these agegroups.

So I hope you get lots of value and enjoyment from this magazine and please, stay well.
Better diagnosis to improve breast cancer treatment

Breast cancer patients will soon have a better chance of fighting the disease thanks to new pathology guidelines created by University of Queensland researchers. The guidelines allow pathologists to identify which patients have more aggressive forms of breast cancer, which means they can be classified appropriately and their treatment can be tailored.

From 2019, the World Health Organisation will incorporate these guidelines into the fifth edition of the iconic; Blue Book, Classification of Tumours of the Breast.

Research Fellow Dr Amy McCart Reed said the team which developed the guidelines specifically investigated metaplastic breast carcinomas (MBC), a rare but aggressive form of breast cancer.

“For patients with MBC, we found the number of different cell types in the tumours had a significant impact on survival,” Dr McCart Reed said. “The more diverse the tumour, the worse the patient’s prognosis is likely to be.”

“Among patients with a bad tumour type like MBC, there are some who will do well and some will do poorly, and this new metric helps us to categorise this.

“Previously, the WHO guidelines have described the types of cancer cells within tumours without telling pathologists specifically what and how much to record.
Now we can advise pathologists to record the number of types of morphologies within tumours because a more accurate prognosis can be made based on this.”

MBC accounts for less than five per cent of all invasive breast cancers, but contributes significantly to breast cancer mortality because the tumours can be very aggressive.

UQ’s Centre for Clinical Research Head of Molecular Pathology Professor Sunil Lakhani said the research was possible due to the establishment of the Asia-Pacific Metaplastic Breast Cancer Consortium (APMCC).

“Creating APMCC brought together a large enough cohort of these rare tumour samples for the first time in Australasia, which was necessary to draw conclusions about these incredibly diverse tumours,” Dr Lakhani said.

“Research using APMCC will help to identify novel therapeutic targets and pinpoint the potential for re-purposing existing cancer drugs.”

The study was jointly funded by the National Breast Cancer Foundation and Cancer Australia, and involved Professor Sandra O’Toole from the Garvan Institute of Medical Research in Sydney. The study was published in The Journal Of Pathology.

www.uq.edu.au
Study finds 45 minutes of patient education improves chronic disease management

Just 45 minutes of patient education can improve outcomes for patients with chronic diseases, according to a study in the Journal of the American Osteopathic Association.

The study, entitled The Other 45 assigned 47 patients who were diagnosed with a chronic disease, like hypertension, COPD, or diabetes, to visit with a second-year medical student for 45 minutes after seeing their physician. That one-on-one session measurably improved patients' attitudes and abilities in self-managing their care.

Patients also had subsequent follow-up appointments with the students at three weeks and three months after their initial session, and were assessed on a 40-point questionnaire. Results at both points demonstrated consistent improvement in patients' willingness and capacity to be able to self-manage their care. "Patients reported a greater understanding of their chronic disease and feeling better equipped to manage their health," said Alexis Stoner, Ph.D., director of Preventive Medicine and Public Health at Edward Via College of Osteopathic Medicine and lead author of this study. "This is encouraging because these diseases typically require patients to take on a lot of responsibility in their care, often through changes in lifestyle."

The Other 45 directed its efforts to an underserved community, noting the population's higher rates of chronic disease coupled with less exposure and access to accurate health information. By the end of the third visit, patients reported increased confidence in navigating the healthcare system, self-monitoring and insight, and skill and technique acquisition. They also reported decreased emotional distress.

Prior research has demonstrated that educating patients and getting them engaged in their own care significantly improves outcomes and reduces unnecessary medical costs.

www.medicalxpress.com

Nutrition Assessment Workshop

FOR HEALTHCARE PROFESSIONALS

2 DAYS :: 6-7 JUNE 2019 :: PARK HYATT MELBOURNE

The team at AIMN are pleased to invite you to their internationally acclaimed workshop in JUNE 2019. This 2 day intensive hands on practical workshop is designed to enhance health professionals' appreciation of nutrition's role in health maintenance, in disease prevention and in supporting the body's metabolism to fight disease.

Australasian Institute for Medical Nutrition

T +61 3 9580 6943 E info@aimnutrition.org
www.aimnutrition.org

REGISTER NOW
**Pema Chodron: A Buddhist Teaching on Loneliness, Rejection and a Broken Heart**

“There comes a time when the bubble of ego is popped and you can’t get the ground back for an extended period of time. Those times, when you absolutely cannot get it back together, are the most rich and powerful times in our lives.”  
~ Pema Chodron ~

In the midst of loneliness, in the midst of fear. In the middle of feeling misunderstood and rejected is the heartbeat of all things … the genuine heart of sadness. Just as a jewel that has been buried in the Earth for a million years is not discoloured or harmed, in the same way this noble heart is not affected by all of our kicking and screaming. The jewel can be brought out into the light at any time and it will glow as brilliantly as if nothing had ever happened.

No matter how committed we are to unkindness, selfishness or greed, the genuine heart of bodhicitta [wakeful human nature] cannot be lost. It is here in all that lives, never marred and completely whole.

We think that by protecting ourselves from suffering, we are being kind to ourselves. The truth is we only become more fearful, more hardened and more alienated. We experience ourselves as being separate from the whole. This separateness becomes like a prison for us - a prison that restricts us to our personal hopes and fears, and to caring only for the people nearest to us.

Curiously enough, if we primarily try to shield ourselves from discomfort, we suffer. Yet, when we don’t close off, when we let our hearts break, we discover our kinship with all beings.

His Holiness The Dalai Lama describes two kind of selfish people - the wise and the unwise. Unwise selfish people only think of themselves - and the result is confusion and pain. Wise selfish people know that the best thing they can do for themselves is to be there for others. As a result, they experience joy.

When we see a woman and her child begging on the street, when we see a man mercilessly beating his terrified dog, when we see a teenager who has been badly beaten, or see fear in the eyes of a child … do we turn away because we can’t bear it? Most of us probably do.

Someone needs to encourage us not to brush aside what we feel. Not to be ashamed of the love and grief that it arouses in us. Not to be afraid of pain.

Someone needs to encourage us, to remind us that this soft spot within can be awakened, and that this can change our lives.

The practices of **Tonglen**, sending and receiving, is designed to awaken bodhicitta. To put us in touch with genuine noble heart. It is a practice of taking in pain, and sending out pleasure, and therefore completely turns around our well-established habit of doing just the opposite.

**Tonglen** is a practice of creating space. Ventilating the atmosphere of our lives, so that people can breathe freely and relax. Whenever we encounter suffering in any form, the **Tonglen** instruction is to breathe it in with the wish that everyone could be free of pain. Whenever we encounter happiness in any form, the instruction is to breathe it out, to send it out with the wish that everyone could feel joy. It is a practice that allows us to feel less burdened and less cramped, and a practice that shows us how to love without condition.

www.elephantjournal.com
Paper cutting art requires tremendous patience and a steady hand, and Japanese artist Masayo Fukuda has mastered the craft. Known as Kirie in Japanese (translated as “cut picture”), the traditional art form involves cutting intricate forms from a single sheet of white paper and then contrasting it against a black background to reveal the design. Fukuda has been practising Kirie for 25 years and has recently revealed what she believes to be her best work of 2018 - an incredible life-sized paper octopus. At first glance, the beautiful artwork looks as though it was rendered using fine-tipped pens, but Fukuda carefully cut every detail from one sheet of paper. The elaborate depiction details the majestic sea animal’s rounded body, bulging eyes, and 8 long arms. Various textured sections look like pieces of delicate patterned lace, such as arm suckers that resemble ornamental doilies and decorative swirling patterns on the head. The mesmerising artwork celebrates the beauty of the fascinating species, who are known to change their skin colour and texture within seconds to match their surroundings.

www.mymodernmet.com
Inspiration from Hermann Hesse’s *Siddhartha*
by Christina Sarich

Hermann Hesse’s timeless book, *Siddhartha*, should be required reading for any spiritual seeker. The book is about Siddhartha’s journey as a respected son of a Brahmin. Everyone expects that he will follow in his father’s footsteps. He enjoys an idyllic life and follows the tenets of his religion expecting that they will bring him peace and happiness. He feels the pangs of discontent though, and observes that his father and elders have not yet reached enlightenment, even though they too have followed the instructions of their religion. When starving and naked ascetics cross Siddhartha’s path one day, his journey truly begins. On this endeavour, he comes to a river that teaches him many life lessons.

When someone seeks, then it easily happens that his eyes see only the thing that he seeks, and he is able to find nothing, to take in nothing because he always thinks only about the thing he is seeking, because he has one goal, because he is obsessed with his goal. Seeking means: having a goal. But finding means: being free, being open, having no goal.

There are numerous literary and mythical examples of the seeker. Joseph Campbell describes the seeker in the quintessential quest for the Holy Grail – a representation of some outer prize that can be obtained with enough valour or sacrifice, but what we truly seek can be found only within our own hearts. When we seek an outside goal, this is an indication that our own hearts long to be understood. Striving for something outside ourselves causes us to forever remain a seeker.

All people, places and circumstances in life are fodder for spiritual advancement.

Tears are a spiritual release. Hearing a song on the radio that reminds us of someone is a clue from the Universe to send that person love and compassion. Seeing someone else go through something horrible and thinking, “that could have been me,” is a reminder to be thankful.

Everything that we experience can help us grow. It isn’t just the positive, ‘airy-fairy’ things that help us grow. When we do a life review, the times we acted with courage and faced our pain, fear, and sadness will be the moments when we smile the biggest.

We are not going in circles, we are going upwards. The path is a spiral; we have already climbed many steps.

This point is described in great detail by Don Beck and Christopher Cowan in their discussion of spiral dynamics. The way they visualise change is in a spiral. Though we may circle around to the same challenges, each time we do, we are higher up on the spiral, hopefully with a higher level of consciousness with which to approach the problem. Beck explained that if we try to impose our ‘solutions’ too far ahead of the curve the result can be rebellion rather than transformation. Because of this, the authors use the term ‘more complex’ instead of ‘better’ or ‘higher’ to describe humanity’s stages of evolutionary development. Even if we haven’t quite reached the apex of what we can visualise, we have already taken many steps to make a better world a reality.

So she thoroughly taught him that one cannot take pleasure without giving pleasure, and that every gesture, every caress, every touch, every glance, every last bit of the body has its secret, which brings happiness to the person who knows how to wake it.
It may be important to great thinkers to examine the world, to explain and despise it. But I think it is only important to love the world, not to despise it, not for us to hate each other, but to be able to regard the world and ourselves and all beings with love, admiration and respect.

One of my spiritual teachers once said to me, you only have to learn to love. That is your only lesson while you are here. Even when we think we are loving, there are usually ways that we are not acting, thinking, and feeling from a loving place. This includes how we think and treat ourselves, not just other people.

My real self wanders elsewhere, far away, wanders on and on invisibly and has nothing to do with my life.
Whatever you define yourself as in this life – a father, a mother, a daughter, a son, a husband, a friend, a lover, a worker, etc. – these are only labels. They do not encase your infinite soul. You have been all these things and more in many lifetimes, and in many more places than where you are now.

With everything that has been taken from us by an evil, destructive, psychotic, corrupt cabal, isn’t it wonderful to know that love cannot be traded like a stock or destroyed like gold, faked like paper money, or made to be more or less valuable at the whims of a few elite. Love is eternal, indestructible, and pure. It is our greatest treasure.

I shall no longer be instructed by the Yoga Veda or the Aharva Veda, or the ascetics, or any other doctrine whatsoever. I shall learn from myself; be a pupil of myself; I shall get to know myself, the mystery of Siddhartha. He looked around as if he were seeing the world for the first time.
Every single major religion on this planet has been corrupted. This doesn’t mean that religion has nothing left to teach us. It also doesn’t mean you need to believe in God or be an atheist to arrive at true wisdom, but as long as you are looking to an institution or a person to bring you enlightenment, you’ll miss it.
The value of silence is felt by everyone at some point in their life. Silence is comforting, nourishing and cosy. It opens us up to inspiration, and nurtures the mind, body and soul. Meanwhile, the madness of the noisy world is drowning out our creativity, our inner connection and hampering our resilience. Science is now showing that silence may be just what we need to regenerate our exhausted brains and bodies.

Studies show that noise has a powerful physical effect on our brains, causing elevated levels of stress hormones. Sound travels to the brain as electrical signals via the ear. Even when we are sleeping these sound waves cause the body to react and activate the amygdala, the part of the brain associated with memory and emotion, leading to the release of stress hormones. So living in a consistently noisy environment will cause you to experience extremely high levels of these harmful hormones.

Interestingly, the word noise is said to come from the Latin word *nausia* (disgust or nausea) or the Latin word *noxia*, meaning hurt, damage or injury. Noise has been linked to high blood pressure, heart disease, tinnitus and loss of sleep. We’ve all experienced the detrimental effects of noise pollution. Excessive noise can be a major affront to the physical senses and today, more and more people are identifying as highly sensitive and unable to function in chaotic and noisy environments. But now science has the proof not only that noise hurts, but also that silence heals.

### THE EFFECTS OF SILENCE

In 2011, the World Health Organisation (WHO) examined and quantified its health burden in Europe. It concluded that the 340 million residents of Western Europe (about the population of the United States), we are losing a million years of healthy life every year due to noise.

**WHO has also said that the root cause of 3,000 heart disease deaths was due to excessive noise.**

Scientists didn’t actively set out to study the effects of silence, but instead discovered its benefits by accident. Silence first began to appear in scientific research as a control or baseline, against which scientists compare the effects of noise or music. Physician Luciano Bernardi studied the physiological effects of noise and music in 2006, making a startling discovery.

When the subjects of his study were exposed to the random stretches of silence in between the noise and music, they experienced a powerful effect.
In fact, Bernardi’s ‘irrelevant’ blank pauses became the most important aspect of the study. One of his key findings was that silence is heightened by contrasts.

Many meditation teachers and practitioners can attest to this. Spiritual teachers advise students to take frequent meditative pauses throughout the day and the brain recognises silence and responds powerfully.

Later research by a Duke University regenerative biologist, Imke Kirste, discovered that two hours of silence per day prompted cell development in the hippocampus, the brain region related to the formation of memory involving the senses.

TAKING TIME TO SWITCH OFF
According to the Attention Restoration Theory, when you are in an environment with lower levels of sensory input, the brain can recover some of its cognitive abilities. With our digital world, our brains get less time to switch off. We are constantly processing enormous amounts of information. Research has shown that the constant demands of modern life is placing a lot of stress on our prefrontal cortex - the part of the brain responsible for making decisions and solving problems. When we spend time alone in silence, our brains are able to relax and release this constant focus. Researchers found that silence helps new cells to differentiate into neurons, and integrate into the system, and that when we experience silence, our brains are able to work at better understanding our internal and external environments. We can make sense of our lives and gain perspective, something that is vital for our overall wellbeing.

While noise creates stress, silence relieves stress and tension in the brain and body. Silence is replenishing and nourishes our cognitive resources.

Noise makes us lose our concentration and cognitive powers, and causes decreased motivation and brain functioning (as backed up by research into the effects of noise), but studies show that spending some time in silence can amazingly restore what was lost through exposure to excessive noise. The ancient spiritual masters have known this all along; silence heals, silence takes us deeply into ourselves, and silence balances the body and mind. Now science is saying the same thing.

The two minute pauses were far more relaxing for the brain than the relaxing music or the longer silence that was in place before the experiment started.

The healing benefits of nature and stillness are well documented, but now we can add to this quest for health and wellbeing, and the nourishment of our brains. The simple yet ancient experience of silence could be just the healing balm we need to quell our crazy modern lifestyle.

www.wakingtimes.com
Supplementing your diet with superfoods is a way that you can support the body’s systems. Of course, different superfoods serve different functions, which is why it’s important to have a wide variety of superfoods. Below is a list of eleven foods that offer an impressive assortment of nutrients, leaving you supercharged and energetic.

1. **Moringa** is a plant that offers all of the essential amino acids. These substances make up proteins that the body needs to maintain cells. For example, the body uses amino acids to grow new cells and repair damaged ones.

2. **Chlorella** is a green algae that’s high in protein and helps the body clear away heavy metals. In addition, chlorella is high in healthy fats which are important for the brain.

3. **Spirulina** is another good source of plant protein as it delivers calcium and iron to the body’s many systems. As a result, spirulina can help you feel more energetic.

4. **Mint** is a very popular herb that adds a strong minty flavour to food and drink. Mint leaves can effectively aid with digestive ailments, such as indigestion and stomach cramps. In addition, mint can help with sleep.

5. **Matcha** green tea makes a refreshing drink that’s high in antioxidants. It benefits the body by regulating appetite, helping the body normalise hormone levels, and by reducing stress.

6. **Ashwagandha** or Indian ginseng, is another plant that helps the body cope with stress. This includes stress caused by toxins from the environment, as well as internal stress that could lead to anxiety and depression. Ashwagandha offers a very beneficial blend of amino acids and vitamins.

7. **Lemon** is a very common citrus fruit that acts as an effective appetite suppressor. Consuming lemon can help alkalise the body to improve the body’s pH, which is important because most processed and fried foods make our bodies too acidic.
8. **Beetroot** offers a healthy dose of folate and manganese. Raw beetroot juice is a good way to add this superfood into your diet. Also, baked beetroot provides the body with many nutrients that can improve circulation and aide vascular function.

9. **Wheatgrass** is so rich in nutrients that a small shot of wheatgrass juice could substitute a whole plate of vegetables. This plant has over 100 unique vitamins and nutrients.

10. **Turmeric** is so effective in fighting off inflammation that mainstream doctors are starting to recommend turmeric consumption for ailments such as arthritis. This orange root is also a very powerful antioxidant.

11. **Coconut water** is a natural refreshing beverage that’s high in potassium. It is so beneficial for the body that medics used coconut water in place of plasma during times of war when blood supplies were limited.

www.wakingtimes.com
Over the past four decades, with the rapid advancements in agriculture, manufacturing and processing, and now digital technology, mankind has seen significant changes in food types, dietary patterns, daily activity levels and general lifestyle behaviours. Unfortunately, these rapid changes in diet and activity levels have contributed to an emergence of chronic diseases of pandemic proportions. The list is long and includes conditions such as Type 2 Diabetes, overweight/obesity, high blood pressure, pre-diabetes, high cholesterol, heart disease, chronic fatigue, emphysema, hip and knee joint pain, back pain, chronic stress and many forms of depression and anxiety.

The challenge is that these diseases do not make a person feel ill until they have progressed to a point where organs or systems are under stress and already not functioning properly. Diagnosis is therefore delayed unless appropriate screening is in place.

Unfortunately, they also cannot usually be cured with medication alone because the cause of the illness remains, so they exist indefinitely which is why they are termed ‘chronic’ meaning to persist for a long time or constantly recurring.

Today’s General Practitioners (GPs) are experts in managing both acute conditions and the measurable parameters of chronic disease, such as blood pressure control or sugar control. Managing the CAUSE of chronic disease is different, and lies in addressing lifestyle choices and assisting with the modification of health behaviour.

In a standard GP practice setting, unfortunately, this remains problematic: patients usually want a quick fix (and it’s even better if it’s in pill-form!). This high turnover, medication-focused approach severely limits the establishment of the deeper Doctor-Patient relationship that is required for meaningful change. Further, whilst GP’s are well-intended, they are usually time and resource-poor so are often unable to address the complexities of the underlying behavioural or environmental causes within the time space available.

What is Lifestyle Medicine (LM)?
Lifestyle Medicine is the newest field of sub-specialisation in modern medicine. The specialty first came to light in 1999 with the publication of the first Lifestyle Medicine textbook, and the field of practice has only gained worldwide momentum among GPs and Allied Health Professionals (such as nurses, psychologists, dietitians and exercise physiologists) in the last few years.

Lifestyle-related health problems are PREVENTABLE and in many cases, REVERSIBLE, so as the name suggests, Lifestyle Medicine addresses both the cause, and the cause-of-the-cause and can often reverse early to medium onset chronic disease by assisting patients through evidence-based lifestyle and behaviour modification.
For many centuries medical treatment has been sought mostly for ‘acute’ problems – acute means an illness with trauma, pain, fever, or infection which requires an immediate diagnosis and treatment. Once correctly treated, usually with medication or surgery, most acute illnesses will resolve, with return to normal functioning in a short period of time. But now, for the first time in history, the prevalence of chronic disease has overtaken acute disease as the main reason why modern patients see a doctor. Chronic diseases are mostly caused by lifestyle and environmental factors, and over the last 30-40 years have risen in prevalence to account for approximately 70% of all primary health care visits in developed countries.
Lifestyle Medicine is an evidence-based approach that bridges the gap between the old and new, between medical knowledge and common sense, and is the shining light at the end of a very dark chronic disease tunnel.

It is defined as “the application of environmental, behavioural, medical and motivational principles to the management (including self-care and self-management) of lifestyle-related health problems in a clinical and/or public health setting.”

To me, however, the most beautiful aspect of this clinical specialty is that “it is inexpensive and even cost-saving; free of all but good side effects; safe and appropriate for children and octogenarians alike. It is quite simply, the best medicine we’ve got.

As a Lifestyle Medicine physician I have learned over time, that for anyone to maintain the motivation to make sustainable change, their WHYs and their HOWs have to be clearly defined:

- WHY you may want to understand the concept of Lifestyle Medicine.
- WHY, although being evidenced-based conventional medicine, it differs in its approach to chronic disease
- WHY it addresses the underlying cause and the cause-of-the-cause of chronic disease.

If you are a patient who would like to lose weight, change your lifestyle habits, prevent your chronic disease risk factors, or manage and potentially reverse your chronic disease, then it is important that you establish your WHYs. This means setting your vision and your goals. By knowing WHY you have set these goals you can clearly define your pathway to that goal. Only once you’ve set your goal and know your pathway, can you determine HOW best to follow that path.

**How do you get Lifestyle Medicine from your GP or Allied Health Professional?**

In reality you do not actually ‘get’ Lifestyle Medicine as you would get medication or surgical intervention.

In Lifestyle Medicine, your GP or Allied Health Professional acts as a facilitator or coach, and provides you with the education and the tools (the Why’s and the How’s) to travel the pathway to achieving your goal. You become the driver.

A GP skilled in Lifestyle Medicine principles will:

1. Evaluate your personal level of readiness to make a lifestyle change.
2. Guide you towards forming an action plan.
3. Assess your knowledge and confidence levels in applying change.
4. Help you address your motivation and any physical or psychological barriers to change.
5. Provide you with the latest in evidence-based information on diet, exercise, stress, sleep, tobacco risks, and alcohol risks.
6. Consider a multi-disciplinary team of suitably qualified Lifestyle Medicine Allied Health professionals as part of your healthcare pathway.
7. Offer you ongoing non-judgemental support through all stages of your change process, through lapses and relapses and ongoing maintenance. Support could be through a combination of consultations, group programs, nurse visits, telephone contact, apps or social media connectness.
In summary, you and your GP may like to apply the fundamentals of health by focusing on a holistic approach, namely the Bio-Psycho-Social model of care. So, if your GP provides you with the tools, how could you ensure that you steer yourself along your health pathway? Consider the following:

1. Are you really ready to make lifestyle changes?

2. Have you set a clear goal and KNOW YOUR WHY? Is your pathway to your goal defined for yourself? You can of course (and should) set smaller goals along the way.

3. Do you understand the difference between ‘Internal’ and ‘External’ motivation and how this impacts your chances of sustainable change?

4. Have you received assistance in evaluating your own self-talk and how this may pose barriers along your pathway to your ‘forever change’?

5. Do you know how and where to get support, either through your Health Care Professional, friends, family, community groups or online?

As I explained in my introduction, Lifestyle Medicine is an emerging field and it may not be easy to find a GP or Allied Health Professional who can apply all the principles of evidence-based information and couple that with support and behavioural change techniques. Rest assured, easier access is around the corner as the pandemic of chronic disease cries out for a different approach to medical care. And that approach is Lifestyle Medicine. 

www.lifestylemedicine.org.au
The prevalence of allergic diseases has increased significantly over the last decades, creating substantial financial and societal burdens. Due to this, researchers are trying to discover new approaches for the prevention and treatment of these diseases. A recent PhD thesis from the University of Eastern Finland shows that there is a link between immune responses and diverse early life exposures, such as obstetric factors, farm dust and air pollution. Some changes in immune responses are visible up until adolescence.

There is strong evidence that different exposures early in life can alter the risk of allergic diseases. One of these exposures is farming. Exposure to the farm environment in childhood, and even prenatally, has been shown to decrease the risk of allergic diseases.

Further, being born by caesarean section is recognised as a risk factor. The roles of other obstetric factors are less studied.

Another harmful exposure is air pollution, and especially exposure to particulate matter, which has been shown to increase asthma prevalence and exacerbations in children. However, the underlying mechanisms are unclear, causing a delay in the development of asthma-preventive strategies.

Earlier studies have shown that immunological development and maturation starts during pregnancy and in early childhood. Therefore, exposure at this critical point of immune development may modify immune responses and cells, and thus influence the risk of allergies and other immune diseases.
The study explored how different exposures during pregnancy, birth or childhood modulate asthma-related immune responses in children. The study focused on three different exposures: one that is asthma-protective (farming) and two that predispose to asthma (cesarean section and air pollution).

“We studied circulating dendritic cells associated with farming, asthma or atopy, and whether obstetric factors affect immune responses during teenage years in children born by cesarean section. We also looked at farm dust and urban air particulate matter to see if they had immunomodulatory effects on the circulating immune cells of children,” says Early Stage Researcher Maria-Viola Martikainen, MSc, from the University of Eastern Finland.

To answer these questions, the researchers studied associations between exposure and immunological responses. Circulating dendritic cell subsets of farm and non-farm children were examined at the age of 6 to assess whether they mediated the protective effect of farm exposure. Cytokine secretion of unstimulated and stimulated peripheral blood mononuclear cells, PBMCs, at teenage years were examined to identify whether obstetric factors alter immune responses later in life. PBMCs of 4-year-old children were stimulated with farm dust and size-segregated particulate matter to discover shared and distinct immune pathways between two different environmental exposures.

The studied environmental exposures were associated with asthma-related immune responses. Inverse association between farm exposure and one of the subsets studied, and the association between this subset and asthma in farm children, suggested that this subset plays a role in farm-related immunoregulation. The lack of natural birth processes during delivery and neonatal intensive care treatment also seemed to lead to long-lasting alterations of immune responses.

The observed stimulatory effects of farm dust and inhibitory effects of particulate matter on immune responses indicate that these exposures could modify responses towards respiratory pathogens and allergens, and partly explain differences in asthma prevalence between the studied environments.

The study demonstrated associations between diverse early life exposures and immune responses, both ex vivo and in vitro.

Some changes in immune responses seemed to be observable up to teenage years. The study revealed some of the potential immunological mechanisms behind different exposures and advanced knowledge of immune mechanisms that either protect from or predispose to asthma. Moreover, the developed methodological approach offered a new perspective, which could be used when studying environment-related immune diseases and their mechanisms. These studies suggest that acquiring comparable data from various exposure environments could lead to the discovery of new immunological pathways and provide novel tools for risk assessment and for the development of preventive strategies.

The findings were originally reported in Allergy, American Journal of Reproductive Immunology, and Paediatric Allergy and Immunology.
A lack of essential nutrients is known to contribute to the onset of poor mental health in people suffering from anxiety and depression, bipolar disorder, schizophrenia and ADHD. Nutritional Psychiatry is a growing discipline that focuses on the use of food and supplements to provide these essential nutrients as part of an integrated or alternative treatment for mental health disorders.

But nutritional approaches for these debilitating conditions are not widely accepted by mainstream medicine. In the U.K. treatment options tend to be limited to official National Institute for Care Excellence (NICE) guidelines which recommend talking therapies and antidepressants.

Use of Antidepressants
In England antidepressant use has more than doubled in recent years with 64.7m prescriptions being issued in 2016 at a cost of £266.6m. This is more than double the 31m issued in 2006.

More worrying is the increase in the use of antidepressants by children and young people. In Scotland, 5,572 children under 18 were prescribed antidepressants for anxiety and depression in 2016. This figure has more than doubled since 2009/2010. According to British psychopharmacologist Professor David Healy, 29 clinical trials of antidepressant use in young people found no benefits at all. These trials revealed that instead of relieving symptoms of anxiety and depression, antidepressants caused children and young people to feel suicidal.
Healy also challenges their safety and effectiveness in adults. He believes that antidepressants are over-prescribed and that there is little evidence that they are safe for long-term use. Antidepressants are said to create dependency, have unpleasant side effects and cannot be relied upon to always relieve symptoms.

**Nutrition and Poor Mental Health**

In developed countries such as the U.K. people eat a greater variety of foodstuffs than ever before – but it doesn’t follow that they are well-nourished. In fact, many people do not eat enough nutrients that are essential for good brain health, opting for a diet of heavily processed food containing artificial additives and sugar.

The link between poor mental health and nutritional deficiencies has long been recognised by nutritionists working in the complementary health sector. However, psychiatrists are only now becoming increasingly aware of the benefits of using nutritional approaches to mental health, calling for their peers to support and research this new field of treatment.

It is now known that many mental health conditions are caused by inflammation in the brain which ultimately causes our brain cells to die. This inflammatory response starts in our gut and is associated with a lack of nutrients from our food such as magnesium, omega-3 fatty acids, probiotics, vitamins and minerals that are all essential for the optimum functioning of our bodies.

Recent research has shown that food supplements such as zinc, magnesium, omega 3, and vitamins B and D3 can help improve mood, relieve anxiety and depression, and improve the mental capacity of people with Alzheimer’s.

Magnesium is one of most important minerals for optimal health, yet many people are lacking in it. One study found that a daily magnesium citrate supplement led to a significant improvement in depression and anxiety, regardless of age, gender or severity of depression. Improvement did not continue when the supplement was stopped.

Omega-3 fatty acids are another nutrient that is critical for the development and function of the central nervous system – and a lack has been associated with low mood, cognitive decline and poor comprehension.

The role of probiotics – the beneficial live bacteria in your digestive system – in improving mental health has also been explored by psychiatrists and nutritionists, who found that taking them daily was associated with a significant reduction in depression and anxiety. Vitamin B complex and zinc are other supplements found to reduce the symptoms of anxiety and depression.

**Hope For The Future?**

These over-the-counter supplements are widely available in supermarkets, chemists and online health food stores, although the cost and quality may vary.

For people who have not responded to prescription drugs or who cannot tolerate the side effects, nutritional intervention can offer hope for the future.

There is currently much debate over the effectiveness of antidepressants. The use of food supplements offer an alternative approach that has the potential to make a significant difference to the mental health of all age groups.

The emerging scientific evidence suggests that there should be a bigger role for nutritional psychiatry in mental health within conventional health services. If the burden of mental ill health is to be reduced, GPs and psychiatrists need to be aware of the connection between food, inflammation and mental illness.

Medical education has traditionally excluded nutritional knowledge and its association with disease. This has led to a situation where very few doctors in the U.K. have a proper understanding of the importance of nutrition. Nutritional interventions are thought to have little evidence to support their use to prevent or maintain wellbeing and so are left to dietitians, rather than doctors, to advise on. But as the evidence mounts, it is time for medical education to take nutrition seriously so that GPs and psychiatrists of the future know as much about its role in good health as they do about anatomy and physiology. The state of our mental health could depend on it.

www.theconversation.com
ONLINE PROGRAM
an effective tool for overcoming anxiety

CONTRIBUTED BY:
Susan H Spence and Caroline Donovan, Griffith University
Sonja March, University of Southern Queensland

Although there is good evidence that cognitive behaviour therapy (CBT) is an effective treatment for youth anxiety, to-date it has normally been delivered in a clinic setting involving face-to-face sessions with a therapist. Recently, new programs are emerging that adapt CBT into digital and online methods for treating youth anxiety, allowing many more anxious young people to receive the treatment they need. Brave-Online is an example of such a program that has been developed in Australia and is being used internationally. Over the past 4 years, over 30,000 anxious Australian children and/or their parents have registered for Brave-Online.
Anxiety in young people is an issue of concern. Recent research bringing together studies of over 63,000 young people from 27 countries suggests that around 6.5% have experienced high levels of anxiety over the past 1-12 months. It is of particular concern that the majority of anxious children and adolescents do not receive any professional help and many will go on to experience further psychosocial problems if their anxiety is not treated.

There are various reasons why many anxious children don’t receive the help they need including:

- insufficient services that can be easily accessed
- busy family schedules that prevent attendance at a clinic
- young people’s worries about attending a mental health clinic for fear that they will be stigmatised by family or friends

New technologies such as the internet, mobile applications, CD-ROMS, virtual reality, text messaging, and interactive communication programs (eg. Skype and WhatsApp) provide exciting opportunities for delivering treatment without the need to attend a clinic. Young people are highly proficient in using these forms of communication and the internet is often their preferred way of obtaining mental health information.

What is Brave-Online?
Brave-Online is a 10-session, online CBT program for treating anxiety problems in young people, including generalised anxiety, separation anxiety, social anxiety, and specific phobia. Separate versions have been developed for children (7-12) and adolescents (13-18), with associated online sessions for parents. More recently, a further version has been created for the parents of young children aged 3-7 years.

Brave-Online is accessed on a computer, tablet or smartphone through a password-protected account. Sessions are completed weekly and take about 40 mins each. The original program included brief therapist support, using email feedback and a short telephone call but there is also a self-help version that young people can complete on their own, either with or without a parent.

The content of Brave-Online is the same as that used in most clinic-based treatments for anxiety disorders in youth. It involves five key steps represented by the acronym B-R-A-V-E to assist children to recall the strategies they learn including:

- **B** (Body Signs) The detection of physiological signs of anxiety relaxation training
- **R** (Relax) Cognitive strategies such as thought detection, cognitive restructuring and coping statements
- **A** (Activate Helpful Thoughts) Graded exposure to feared situations and problem solving skills
- **V** (Victory Over Your Fears) Training in self and parent reinforcement
- **E** (Enjoy!) And reward yourself
The parent program includes psycho-education about anxiety and parenting strategies to help parents manage their child’s anxious behaviour (e.g., how to ignore fearful behaviour and reward brave behaviour). Parents also learn strategies so that they can help their child to implement the coping skills being learned.

**Designing an Engaging Program for Young People**

When Brave-Online was first developed, the aim of the designers was to create an online program that not only presented the important aspects of treatment, but was age-appropriate and engaging. Young people were asked for feedback as each session was developed. The finished program includes interesting graphics, sounds, movements, illustrations, and downloadable materials. Each session involves a range of interactive activities, quizzes, and games to teach the therapy content in an interesting way, followed by home practice activities in between sessions so that new skills are learned. Cartoon animation has been used instead of text where possible, and the person’s name is always included in personalised pop-ups with messages to provide praise, encouragement and corrective feedback. The program also sends personalised email reminders to prompt young people to complete their sessions. In order to illustrate coping skills for reducing anxiety, cartoon role models such as the ‘Brave Buddy’ character have been used in the child program.

For the adolescent program, different cartoon characters are used which are more suited to this teenager agegroup who learn skills to overcome their difficulties. Each session begins with a review and quiz about the previous session and finishes with an overview and quiz relating to the current session.

**Therapist-Facilitated Brave-Online**

The initial Brave-Online program was monitored by a therapist (the Brave-Trainer) who provided brief support in the form of short, weekly emails (providing encouragement, reinforcement and redirection if required) and a mid-point telephone call to assist with construction and implementation of the exposure hierarchy. This version of the program has the advantage of reducing the amount of therapist contact required compared to clinic delivery and does not require families to attend a clinic. It also allows mental health professionals to monitor client progress, respond to questions, and provide encouragement, support and corrective feedback.

Over the four year period, over 30,000 Australian children, adolescents and their parents have registered for Brave-Online showing just how much interest and need there is for this type of program.
Outcomes from Research

Therapist-assisted, Brave-Online has been evaluated in three randomised controlled trials:

- The first study examined whether it was feasible to convert CBT sessions from clinic to online delivery with school-aged children. The results showed that CBT for child anxiety was equally effective when delivered with half of the sessions face-to-face in the clinic (5 sessions) and half over the internet (5 sessions), compared to when all 10 sessions were delivered face-to-face in the clinic (Brave-Clinic). Both forms of treatment were significantly better than no therapy, and both showed further improvements at 12-month follow-up.

- In the next study, the entire CBT program was converted into an online format (into what is now the Brave-Online program.) Children who completed Brave-Online showed greater reductions in anxiety at post-assessment than those in a waitlist control condition.

- The third study assessed whether Brave-Online (with very minimal online therapist contact) was as effective with anxious teenagers, and whether the fully-online program was as effective as the same treatment delivered in the clinic by a therapist. The results showed that Brave-Online was effective in reducing anxiety in teenagers and produced results that were equivalent to those found for the clinic-based delivery of the treatment (Brave-Clinic).

By 6-month follow-up, 75% of children who completed Brave-Online were free of their primary anxiety diagnosis.

By 12-month follow-up 78% of anxious teenagers who completed Brave-Online were free of their primary anxiety diagnosis compared to 81% who completed Brave-Clinic.
Brave-Online Following a Natural Disaster

Researchers in New Zealand assessed the use and outcomes of the program with 42 clinically anxious children and adolescents following the Christchurch earthquakes. Satisfaction rates were good, and in general participants showed reductions in anxiety over time. The research team reported that Brave-Online was both feasible and acceptable to families following disaster situations to assist young people who had developed anxiety problems.

Further, the results of a large-scale study relating to the dissemination of the self-help version of Brave-Online have been published. The study was an open trial involving 4,425 children and adolescents aged 7-17 years who had enrolled in Brave-Online self-help.

Client Satisfaction and the Therapist-Client Relationship

In terms of client satisfaction, evaluations of Brave-Online have shown that it is perceived positively by children, adolescents and parents who endorse the online format as an appealing and convenient mode of treatment delivery. Furthermore, levels of satisfaction are generally consistent with those found for clinic-based treatment.

One interesting outcome was that youth evaluation of the quality of the therapist-client relationship did not differ between clinic-delivery of Brave-Online and online-delivery, even though the young person never actually met their Brave Trainer and contact was very brief.

The Challenges Ahead and Future Directions

Now that Brave-Online has been developed for the parents of very young anxious children (aged 3-7 years) it needs to be evaluated to see whether it is effective in reducing anxiety in this agegroup. Then the team will investigate whether the Brave-Online program can make an effective contribution in a stepped-care model. It is envisaged that it would be beneficial in both mental health clinics and in school settings where online support can be provided by the school counsellor or other mental health professionals.

Feedback from participants was generally positive but the majority dropped out after one or two sessions. Without a therapist it is difficult to keep participants engaged, as is the case with many self-help programs - even with adults.

Finally, one of the major challenges is to find ways to encourage therapists to use new technologies in their practice. In order to do this, therapists need to be aware of what programs are available, which ones are effective, and how they can be incorporated into their clinical practice. Clinicians need to increase their knowledge and confidence in new technologies and online programs so that they can assist a greater number of anxious young people.

For Further Information:

https://brave4you psy.uq.edu.au/
http://www.brave-online.com/
Sorrow is a feeling of profound sadness. It is a normal emotional response that often occurs following a loss. That loss is often of a loved one, but we can feel sorrow following loss of a relationship, a role, or something else that we value.

When people experience sorrow we often notice that they are very sad, they may be tearful or grieving, and they may describe regret or grief. There might be short-term changes in appetite, activity, ability to concentrate, engagement with others, and sleep, but these usually resolve in several weeks.

People with sorrow can have depression, but while there is an overlap, clinical depression is different to sorrow.

Depression refers to a clinically recognisable pattern of symptoms that occur for at least two weeks and significantly affect one’s quality of life. Essentially, these symptoms stop people doing what they want or need to do. The groups of symptoms people with clinical depression experience include:

- **Cognitive symptoms**, which include having negative thoughts about themselves, the wider world and their future, and having difficulty concentrating
- **Physical symptoms of low energy, fatigue or exhaustion**
- **Emotional symptoms**, including not enjoying activities that they used to enjoy, sadness, increased irritability and lowered tolerance for frustration
- **Behavioural symptoms** such as doing fewer of the things they might normally do and enjoy, such as going out with friends, exercising and playing sport, and partaking in hobbies.

Sorrow, if severe, can trigger clinical depression.

A key clinical difference between sorrow and depression is that people who have sorrow due to loss usually have normal self-esteem. However, people who have clinical depression, whether or not due to a loss, usually have very low self-esteem.

The key message is, regardless of whether you think you have severe sorrow or depression, if you aren’t able to do the things you want to because of symptoms, then get professional advice. Often when we struggle emotionally we see the world differently. Talking to a health professional, or even a wise friend and mentor, can help. Other helpful contacts include your GP, MindSpot and beyondblue.

www.lighthouse.mq.edu.au
What’s All the Fuss about Medicinal Cannabis use in Australia?

The judicious use of medicinal cannabis which has been specifically cultivated or manufactured for the treatment of medical conditions and to promote wellness has become a hot topic in Australia and around the world. Ideally it is prescribed by an appropriately trained healthcare practitioner and is individualised to the patient. However, whilst many western countries allow access to medicinal cannabis, access in Australia remains difficult for a range of reasons including the current regulations required for prescribing medicinal cannabis, a lack of medical practitioners prescribing it, driving laws, and the prohibitive cost to patients. In this article, Associate Professor Kylie O’Brien, PhD explores the current state of play in Australia, including why the current regulatory system is not working.

What is Cannabis?
Cannabis is a plant from the Cannabaceae family, with one species (*Cannabis sativa L*) and two main subspecies: *C sativa subspecies sativa* and *C sativa subspecies indica*. Cannabis sativa has more than 750 different active constituents, including cannabinoids, terpenes and other plant nutrients which are responsible for its beneficial actions, including pain relief, anti-nausea/vomiting, anti-inflammatory, anti-oxidant and nerve protecting effects. There are over 120 individual cannabinoids, the best researched being tetrahydrocannabinol (THC) which has potentially intoxicant effects (these are dose-dependent) and cannabidiol (CBD) which has no intoxicant effects. The cannabis plant actually contains the acid forms of these, tetrahydrocannabinolic acid (THCA) and cannabidiolic acid (CBDA) respectively, neither of which are intoxicating. Heating/burning (eg. smoking and some extraction processes) converts the THCA to THC. Plant strains are bred to contain specific concentrations of the key cannabinoids, THC and CBD, in varying ratios. Terpenes, responsible for the plant’s aroma, also have therapeutic effects including anti-inflammatory, anti-oxidant, reducing anxiety and many others. Synergism between the active constituents is likely to be responsible for the therapeutic efficacy of cannabis as well as mitigation of potential side effects of the major active ingredients.
Medicinal Cannabis Products

Major proprietary forms of medicinal cannabis include:

1) cannabis-based liquid extracts (eg. nabiximols)

2) phytocannabinoid botanicals (dense cannabis extracts manufactured as tinctures or oils, capsules, sublingual sprays, suppositories, transdermal patches and topical ointments)

3) single molecule drugs: synthetic or semi-synthetic prescription drugs (eg. nabilone, dronabinol which are approved in the U.S. by the Federal Drug Administration)

Other forms of cannabis products used for medicinal purposes include the dried bud which is smoked, and cannabis edibles eg. gummy bears, cookies and others.

In Australia, proprietary forms of medicinal cannabis are still considered ‘unapproved goods’ under the Australian Therapeutic Goods Administration (TGA), so cannabis edibles are not currently legally available for therapeutic purposes in Australia.

The main proprietary forms of medicinal cannabis are oils, either in tincture form for oral consumption (or less commonly for use in a vaporiser), or in capsule form for oral use.

Medicinal cannabis products need to be individually prescribed with respect to dosage (starting at a low dose and titrating up until you get the required therapeutic effect), type of product, medical condition, age and other individual factors.

Who is Using Cannabis in Australia and Why?

In 2016, a survey was conducted with 1748 anonymous Australians to understand patterns of use of (illicit) cannabis for medicinal purposes, prior to legalisation frameworks being implemented. Of those surveyed, 68.1% were men with an average age of 37.9 years. The average period of use of medicinal cannabis was 9.8 years.

The most common reasons for using medicinal cannabis were anxiety (50.7%), back pain (50.0%), depression (49.3%) and sleep problems (43.5%).
Those surveyed reported high levels of effectiveness, however also side effects such as drowsiness, eye irritation, lethargy and memory impairment. Participants were supportive of the integration of medicinal cannabis into mainstream healthcare and believed that products should meet quality standards.

**Barriers to Patient Access**

Barriers to patient access for medicinal cannabis include the complex regulatory system required for medicinal cannabis prescribing; driving laws which are a disincentive; and the lack of medical practitioners prescribing it. The latter is likely to be due to several factors including:

- the amount of paperwork required (as a result of the complex regulations described in the next section)
- lack of knowledge about medicinal cannabis
- perceptions of a lack of scientific evidence
- the stigma associated with cannabis
- the cost of medicinal cannabis products

**Regulations and Treating Medicinal Cannabis as a Pharmaceutical**

CBD preparations containing 2% or less of other cannabinoids found in cannabis are included in Schedule 4 (S4, Prescription Only Medicine) and THC is included in Schedule 8 (S8, Controlled Drug) of the Standard for the Uniform Prescribing of Medicines and Poisons (SUSMP). This means that both CBD and THC are treated as drugs, limiting prescribing rights to only medical practitioners.

A 2017 World Health Organization report found CBD with no evidence of recreational use or any public health-related problems associated with the use of pure CBD. It also found that ‘CBD exhibits no effects indicative of any abuse or dependence potential.’

Logically, there is no reason why CBD should remain on Schedule 4. Pure CBD products could be regulated as complementary medicines in Australia, where we have a stringent system for regulating complementary medicines. This would make CBD products more readily available, though like any herbal medicine, it should be prescribed by someone appropriately trained in its use. CBD has the potential to interact with some pharmaceuticals, as with many other herbs.
PRESCRIBING PROCESS

There are two main TGA schemes through which a doctor may apply to prescribe medicinal cannabis:

1. **The Special Access Scheme (SAS)**
   The doctor applies to the TGA to prescribe a specific medicinal cannabis product for a specific patient.

2. **The Authorised Prescriber Scheme (APS)**
   The doctor applies to be approved to treat a particular condition(s) using specific, nominated products. Approval on this scheme must be gained firstly from a Human Research Ethics Committee or specialist college and then the TGA.

In addition to TGA approval, approval is required from the relevant state/territory health department to prescribe products containing THC (S8 medicines) and those CBD products containing more than two percent of other cannabinoids found in cannabis.

To further complicate matters, there is a lack of harmonisation across the states and territories in relation to who (specialist or general practitioner) may prescribe medicinal cannabis. For example:

- Tasmania allows prescriber access to specialists (not general practitioners)
- Western Australia requires the prescriber to be a specialist (a general practitioner may be a co-prescriber)
- In Victoria general practitioners may apply to prescribe medicinal cannabis

Once prescribed, the patient must then go to a pharmacy which will dispense the medicinal cannabis product. However currently most pharmacists know very little about medicinal cannabis products and the associated regulations. This whole process involves a lot of paperwork for the doctor, pharmacist and patient.

**Education About Medicinal Cannabis**

Previsouly in Australia, there was little in the way of doctor education about medicinal cannabis. A small number of courses are now available including a two-day RACGP-approved course ‘Essentials in Medicinal Cannabis’ covering the scientific evidence and how to safely prescribe it. This is a joint collaboration between the Australasian College of Nutritional and Environmental Medicine (ACNEM), the National Institute of Integrative Medicine (NIIM), and the NICM Health Research Institute. In addition to doctors, pharmacists also need to be knowledgeable in medicinal cannabis. Nurses and Chinese medicine practitioners, both regulated professions in Australia, may become prescribers in the future.

**Perceptions and Scientific Evidence**

Despite various calls in Australia that more research is needed, there is a reasonable amount of scientific evidence from other countries that cannabis is effective for a range of conditions.

In medicine, the gold standard of evidence is randomised controlled trials (RCTs) and systematic reviews (which combine findings from RCTs).

In 2017, the *US Academies of Sciences, Engineering and Medicine* published a comprehensive summary of the evidence for cannabis and cannabinoids and concluded:

(on the basis of RCT and systematic review evidence), that there is ‘conclusive or substantial evidence’ that cannabis or cannabinoids are effective for the treatment of chronic pain in adults, chemotherapy-induced nausea and vomiting, and spasticity associated with Multiple Sclerosis, and moderate evidence for improving short-term sleep outcomes in individuals with sleep disturbances associated with a range of conditions.

More studies have been published since then, and the bank of scientific evidence is growing. Other individual studies have found evidence of efficacy for medicinal cannabis in the treatment of many other conditions including epilepsy, Dravet Syndrome, anxiety, Parkinson’s Disease and inflammatory bowel disease. Many laboratory and animal studies have shed light on the mechanisms of action of cannabis and cannabinoids.

**Medicinal Cannabis May Help Address the Opioid Crisis**

One in five Australians suffer from chronic pain, with an estimated total cost to the community of $34.3 billion. Australia, like the U.S., has an opioid crisis on its hands, with the TGA reporting that levels of prescription opioid overdose are at record levels in Australia and internationally.
Evidence from the U.S. suggests that legalisation of medicinal cannabis is associated with reduced hospitalisations related to opioids. A 2017 study has found that medicinal cannabis legalisation was associated with a 23% and 13% reduction in hospitalisations related to opioid dependence or abuse, and opioid overdose respectively. There was no association between medical cannabis policies and cannabis-related hospitalisations.

Driving Laws

Medicinal cannabis products may contain THC and CBD in varying ratios, e.g. high THC/low CBD or vice versa, or balanced THC/CBD. There are also pure CBD products that contain no THC, and products that include other cannabinoids.

Currently in Australia it is an offence to have any amount of THC in your body if driving, even if it has been prescribed by a doctor for a specific medical condition.

This is a disincentive for patients to take medicinal cannabis products containing THC, particularly as THC can stay in the body for many days. Consuming a medicinal cannabis product with THC does not necessarily cause an intoxicant effect or impairment and largely depends on the dosage and the individual and how their body metabolises THC.

In Canada it is only an offence if the person is driving whilst impaired by cannabis. Police are trained to detect if someone is driving under the influence of a drug using 'Standard Field Sobriety Testing' and using 'Drug Recognition Experts.'

Cost

At this point in time, medicinal cannabis products that are quality assured and legally accessible in Australia are costly. A one month’s supply could cost over $300, even more if a higher dose is required (e.g. in more serious conditions such as cancer). Anecdotally, some doctors have reported that many patients are resorting to buying it on the black market due to the prohibitive cost. In other countries, including Europe, medicinal cannabis products are readily available online.

Regulations in Other Countries

In the U.S., cannabis is classified as a Schedule 1 drug which is reserved for items with no medical value and a high potential for abuse. Despite this, 32 states plus Washington DC allow legal access to medicinal cannabis. In 2017, 14 medical conditions were approved by state legislatures in the U.S. as qualifying conditions for medicinal cannabis. The most common were for the relief of symptoms associated with cancer, glaucoma, HIV and multiple sclerosis.
In October 2018, Canada passed laws to allow for the ‘adult use’ of cannabis. Subject to provincial or territorial restrictions, adults 18 years or older may legally possess up to 30g of legal cannabis (dried or equivalent in non-dried form in public), buy dried or fresh cannabis and cannabis oil from a provincially-licensed retailer, and grow up to 4 cannabis plants per residence for personal use.

In Germany, medicinal cannabis products are available through pharmacies, with a broad array of products available including flowers, concentrates and edibles.

Both Thailand and Malaysia (which have harsh anti-drug laws) are considering amending laws to allow for the legalisation of medicinal cannabis. China grows substantial amounts of cannabis for the export market, however Chinese citizens may not currently legally access medicinal cannabis.

**The Industry**

There is no doubt that a lot of money can be made from legalising cannabis. Global spending on cannabis was estimated at $9.5 billion in 2017 and projected to reach $30 billion in 2022. The proportion of worldwide cannabis patients outside North America is projected to increase from 7% in 2017 to 44% by 2022. The local industry in Australia may be adversely impacted, however, if patient access to medicinal cannabis is not improved quickly.

**For More Information:**

A list of medicinal cannabis companies approved to manufacture and import medicinal cannabis products in Australia is found on the Office of Drug Control website:


References Available On Request.

**CONCLUSION**

Access to medicinal cannabis by Australians is hampered by a number of factors including the regulatory system around it, lack of doctors prescribing it, and costs. Driving laws are a disincentive for patients to use products containing THC. CBD products should not be scheduled medicines and should be regulated as complementary medicines to open up access. Access to medicinal cannabis is a human rights issue. It is likely that eventually ‘adult use’ will be legalised in Australia. Australia is lagging behind other western countries in its regulatory approach. Amendments to laws and regulations are needed to allow better access, to protect the public, and that are commensurate with level of risk. It is likely that the public will need to push to make this happen.
subscribe for your clinic and your patients

Do you think it is important that your patients understand what a true holistic approach to healthcare is? Do you think your patients will potentially have a better life if they take more responsibility for their health? Do you want to be part of a new system that advocates a different healthcare model that embraces change? Then please support independent media and subscribe to The Art of Healing.

If you are a member of ANTA, CMA, ATMS or AIMA, you can Earn CPE/CPD Points when you subscribe to The Art of Healing.

SUBSCRIBE NOW!

Please commence my subscription for The Art of Healing with:
4 issues (1yr) AUS $46.50 □ O/S $63.00 (incl GST & postage) □
8 issues (2 yr) AUS $79.90 □ O/S $109.00 (incl GST & postage) □

Name ___________________________________________________________
Address _________________________________________________________
State __________________________ Postcode ________________________
Phone _________________________ Email __________________________

I enclose
my cheque/money order or debit my: M/card □ Visa □
Cardholder's name ____________________________ Expiry _______________

Card number ____________________________

eMAIL, pHONE or sUBSCRIBE oNLINE at:

www.theartofhealing.com.au
Phone: 0418 698 603 Email: edit@theartofhealing.com.au

Please mail cheques to:
The Art of Healing, PO Box 136, Malmsbury VIC 3446.

GST: On request, a tax invoice will be sent to you once payment has been accepted.
Legit Publications ABN 76 102 497 549

Knowledge is
POWER

Knowledge is
FREEDOM

Be INFORMED
Not Influenced

Seek Out
TRUTH

Know You Always
Have
CHOICES

Settle For
LESS
Rather Than More

SHARE

Don’t Believe In
Everything
YOU SEE,
HEAR OR
READ

Be
DISCERNING

Go S-L-O-W

Look for
SOFTNESS

B-R-E-A-T-H-E
there is a 1 in 2 chance you will end up with chronic illness
At just 24 years of age, Shannon Harvey was diagnosed with an autoimmune disease. Her immune system had become hyperactive and was attacking normal, healthy tissues. Her muscles and joints were inflamed and she was told if her disease progressed she could end up with organ failure or wheelchair-bound. In search of a cure, Shannon tried everything from drugs to alternative therapies - but she was still sick. One thing she did know however, was that when she was stressed she got worse. So with a background in journalism, Shannon sought answers from pioneering science. During her ten-year journey, she and her film-making husband interviewed health researchers from around the world culminating in a film called The Connection and a book The Whole Health Life. In this interview with The Art of Healing, Shannon shares some of her thoughts and findings.
You were so young when you first noticed signs of unwellness Shannon - did you have any events from childhood that you think contributed to this?

I’m often asked if I can pinpoint the cause of my illness. And of course, there was no one thing. It was the perfect storm. I have a genetic predisposition to autoimmune disease. I had gut issues associated with a food allergy. I wasn’t eating well. I was chronically stressed. I had taken on the emotional problems of others as if they were my own. I wasn’t sleeping well. And perhaps most crucially at the time I got sick, I was also living away from my family and friends and connecting with others in a meaningful way was very difficult. I was lonely.

You say you suffer from chronic insomnia, and it seems you have for a lot of your life? What do you do to overcome this?

I’ve suffered my whole life from ruminative sleeplessness so the idea of drug-free mindfulness meditation appealed to me. The scientists don’t yet know exactly why sleeplessness seems to be improved with mindfulness. One theory, which I call the ‘Unwind Effect’, is that when our minds relax, so do our bodies, and this makes it easier to get to sleep. Another theory, which some researchers call ‘Re-Perceiving’, is that instead of getting caught up in our thoughts, we take a mental step back and become less emotionally invested.

I’m now meditating daily for 45 minutes and my insomnia has disappeared.

I suspect that mindfulness training works on a number of levels, and whilst I don’t want to oversell mindfulness as being a cure for insomnia, before I began meditating daily I was doing all the recommended ‘sleep hygiene’ activities before bed (no blue light, warm baths) and still experiencing two or three nights a week of sleeplessness.

Being a busy Mum makes it really difficult to establish a daily routine. How do you work with this? Do you approach ‘routine’ in a different way?

Despite the fact that best-selling books and catchy click-bait headlines make habit change sound all-so-simple, scientists actually know stunningly little about what the real keys to sustained behaviour change are. For me it’s not about having more willpower or self-control. If I rely on those I inevitably fail. The magic word for me is planning. I’m a fan of behaviour change expert Peter Gollwitzer, a professor of psychology in the Psychology Department at New York University. He’s developed a super simple, and highly effective technique called *If Then Planning* (see opposite page) to help us overcome the gap between what we intend to do and what we actually do. The idea is that we do some basic planning by specifying the action we intend to take, when and where we’ll undertake it, and what to do when we slip up.
Back in 1997 when Peter Gollwitzer was just getting started on some of his pioneering behaviour change strategies, he recruited 111 university students in Munich for an experiment to see what effect using a simple planning strategy would have with helping people follow through with their intended behaviours. Just prior to their Christmas break he asked the students to name two projects they intended to carry out during the upcoming vacation. He instructed that one task should be difficult to implement and the other easy to implement. For their easy goals, the students chose activities such as finishing reading a novel or buying a text book. For the difficult tasks, they chose goals like writing a term paper or resolving a conflict with a boyfriend. Gollwitzer also assessed whether they had formed ‘implementation intentions,’ that is, whether they had made plans for when and where they would start working toward their intended goals. When he surveyed them after the break, he found that for the projects that were easy to implement, completion rate was very high (80 percent) regardless of whether the students had formed implementation intentions. What was interesting though, was that if the students had not planned when and where they would complete the difficult projects, they almost all failed to complete them. On the other hand, two thirds of the participants who formed implementation intentions for their difficult tasks followed through.

Since that first study, Gollwitzer has continued to research the effectiveness of his strategy, finding it to be effective in a number of areas, including helping people stay on the wagon after drug and alcohol detox, develop good sleeping habits, regularly taking vitamins, exercising more, attending cervical cancer screenings, getting flu shots, and eating more healthily. Specifically, when it comes to healthy eating, the results from 12 out of 15 studies provided considerable support for using implementation intentions to increase fruit and vegetable consumption.

It’s not bulletproof though. So far the evidence indicates that the technique has only a small effect in helping us avoid unhealthy eating behaviour. Unfortunately it turns out that breaking existing unhealthy behaviour is more difficult than initiating new healthy behaviour. Many of the studies demonstrating the effectiveness of Gollwitzer’s action planning technique also incorporated other motivational strategies including positive experiences and boosting self-belief.
After becoming so debilitated with symptoms (constant stress, poor sleep, dysfunctional relationships, loneliness and isolation, family history, unbalanced diet, food allergies and sensitivities) and being diagnosed initially with lupus (and more recently with Sjogren’s syndrome), you spent some time trying to get help with your condition - from both orthodox and alternative medicines and therapies. Is this also when you started practising meditation? What were some of your early experiences of meditation like? Did it take a while for you to ‘get’ what it was all about ... did you have any ‘light bulb’ moments?

After I’d been sick for a number of years and had spent tens of thousands of dollars on alternative therapy, I finally started to learn about the importance of scientific thinking. After one particularly unscrupulous company used pseudoscience to sell me a fake cure, I realised I needed to apply the critical thinking skills that I’d learned as a journalist to my health. I learned how to read academic papers, to go to the source of the science, and to never trust an ‘expert’ who was unwilling to elaborate enthusiastically on what their cure couldn’t do.

My interest regarding meditation was initially sparked after reading evidence about it’s effectiveness. Since then my relationship with meditation has significantly deepened because I have committed myself to meditating for 45 minutes a day, every day, and also doing some silent retreats. It’s interesting that it wasn’t until I really started to get what ‘it’ is that makes so many people commit to a dedicated daily practice.

You have spent many years conducting your own research and publishing your findings, including what you have found is effective - for yourself and others - re changing habits and behaviour. Could you make further comment re the latter?

There is something monumentally heartbreaking about having to sit by and watch someone you love suffer with health problems they can do nothing about. It’s also hard sitting by and watching a loved one who is plagued with health problems that they can do something about .. but won’t.

If there’s one thing I’ve learned since I began talking publicly about my ongoing recovery from a chronic disease, it’s that no matter how many films I make, no matter how many books I write, and no matter how many podcasts I produce, I cannot, and will never be able, to motivate the unwilling. Having said that, while I can’t motivate someone else to make a change, I hope I can inspire people to change by using myself as an example, by showing them how I face my own health challenges.

If there is one takeaway I tell people these days for optimal healthcare, it is to ‘tune-in’ to their bodies. What would you say are the key take home messages for practising effective preventative healthcare today Shannon?

It’s interesting that you say that you think people need to ‘tune-in’ to their bodies, because this is something I struggle with. Sometimes my body (or more specifically, my craving body) is telling me that I need to eat more chocolate, right NOW. And I have a hard time in that moment doing the thing I need to, which is to put the chocolate down and walk away. So I think that’s where we need to take a bigger, whole-person, whole-life view. Sure my body might be telling me to eat the chocolate now, but is that what I really need when I zoom out?

### IMPORTANT CONSIDERATIONS

- **How the mind and body interacts**
  - affects our health

- **It takes an average of 17 years for new discoveries to become part of medical practice.** So much new research has become available over the last 5-10 years that doctors are having trouble keeping up with it

- **Group support**
  - improves health outcomes for unwell people

- **Feeling part of a closely connected community**
  - affects human biochemistry

- **Stress Reduction Techniques (SRT)** such as meditation
  - flip the switch on genes that affect disease and the rate of cellular ageing in our bodies

- **Interaction between a patient and a doctor**
  - can significantly alter the way a sick person’s body responds to treatment
So often I’m asked to provide the ONE thing that I want people to know about when it comes to finding good health. But if there’s one thing I’ve learned from the dozens of interviews I’ve done with scientists on the front line of trying to solve the chronic health epidemic it’s that in most cases, when it comes to complex chronic conditions such as autoimmune disease, heart disease, diabetes, obesity, cancer, there is no one thing that lies at the root cause. When modern medicine fails us, we want to blame it on gluten, or dairy, or a vitamin deficiency, or some other micro-component of life because it’s often the most straight forward explanation.

In many ways, I wish that my recovery was as simple as just focussing on my diet, then I could have ignored the fact that other areas in my life (stress, emotions, sleep, exercise) were way out of whack.

I guess what I’m really saying is that it wasn’t until I stopped looking for the ONE thing that was causing my illness and started looking at ALL the areas in my life that needed attention, that my health really started turning around.

**THE FILM:** The Connection

*The Connection* is a film about how there is a direct connection between your mind and your health. The film features scientists, researchers, writers and doctors, as well as remarkable true stories of people adding mind body medicine to their healing toolkit to recover from various chronic health conditions. The film shows that we can counter the harmful effects of stress with an equally powerful relaxation response triggered through specific techniques such as meditation. It shows that emotions can impact the course of an illness - for better or for worse - and could even be the difference between life and death. The film explains the mechanisms behind belief (which scientists now know contributes 30-50 percent of the effect of any known biological cure) and how the mind can even influence the expression of genes and the rate at which we age.

**THE BOOK:** The Whole Health Life

After Shannon Harvey was diagnosed with an autoimmune disease, she spent thousands of dollars on conventional and alternative treatments, searched through a myriad of scientific papers, and travelled the world to interview dozens of pioneering health researchers to find answers. On her road to getting better she met people with remarkable stories of recovery and discovered the truth amidst conflicting medical advice. She then compiled the latest evidence with her personal experiences into this book, from dealing with work stress, to improving relationships at home, making healthy habits stick, and understanding just much how your mind, body, and the world around you influences your health.
Health Risks Associated With Long-Term Opioid Use

Opioids are medications that reduce pain and affect reward pathways in the brain. Opioids are most effective for short-term pain relief. Long-term opioid use can be highly problematic because it is associated with a host of health risks, some of which contribute to worsening pain. Further, opioids can contribute to medical complexity and polypharmacy—wherein more and more medications are prescribed to treat the side effects of previous medications.

Although most people are aware of the risks for opioid addiction, few patients and even fewer health care providers are aware of the broader array of health risks associated with long-term opioid use for chronic pain. These risks include:

- hormone disruption
- sleep disturbance and sleep apnoea
- depression (new-onset depression or recurrence of depression)
- anxiety
- greater pain sensitivity
- addiction
- tolerance and dependence
- slowed cognitive functioning
- narcotic bowel syndrome and severe constipation
- unintentional overdose and overdose death

Opioids have direct and indirect psychological effects. For instance, opioids cause hormonal dysregulation and sleep disturbance, and indirectly these can affect mood, anxiety, and behaviour.

**OPIOID RESTRICTIONS**

Opioids are scheduled drugs that require Drug Enforcement Agency (DEA) and Food and Drug Administration oversight, and require physicians to have special prescribing licenses. These rules were established because prescription opioids are abused by those seeking to achieve a 'high.' As such, prescription opioids have great street value when sold illegally.

State and federal guidelines exist regarding dose limits for opioid prescriptions for chronic pain. In recent years, opioid over-prescribing (too many prescriptions and at risky doses) have contributed to a fraction of patients becoming addicted and to unintentional overdose deaths, often from patients unwittingly combining prescribed medications (even taken exactly as prescribed, opioids combined with other drugs can be a deadly combination; Sun et al., 2017).

Research has shown that, on average, opioids reduce pain by only about 25%—about the same as psycho-behavioural treatment, yet opioids carry substantial health risks.
**SUSAN'S STORY**

Susan was a 46-year-old high-powered attorney who had stopped practising law to stay home and raise her three children. She had chronic pain from several medical conditions, including degeneration in her cervical spine (neck) and fibromyalgia. Staying at home seemed like a practical decision for the entire household, and as her pain increased, she was glad she was not working long hours at the office.

Susan was in distress when I met her. She felt out of control and anxious and was taking Xanax for anxiety and Ambien for insomnia. She was also taking high doses of opioids for her neck and shoulder pain as well as using a fentanyl Duragesic patch that delivers opioids through the skin. She was in a vicious cycle; her anxiety was making her pain worse, and her pain was making her more anxious. Despite all the medication she was taking, her pain was still severe, as was her stress level at home.

“I need to gain control over my pain and my life, but I have no idea how to do this,” she said. “I feel like I’m doing everything, yet nothing is working.”

Susan was either pushing herself to do things in spite of her pain, or she was in bed trying to recover from a pain flare brought on by having pushed herself so hard. In either case, she was struggling, and her constant struggle was sucking the joy out of her life.

Susan’s pain and suffering were particularly distressing to her because she had always been in control of her life - until now. Her doctor was unhappy with all the medication she was taking, and she was viewed as a classic ‘problem pain patient.’ She had an alert placed in her medical chart to warn her medical providers that she was on a special opioid agreement - a clear indicator of a patient who was ‘non-compliant’ with her opioids. She wanted her life back and herself back, but she could not imagine getting off the opioids with such constant and severe pain.

Susan learned that, in big and small ways, she had more influence over her pain than she realised. She found she could change her pain - for better or for worse - by changing her emotions, her thoughts, and her choices.

Susan attended a single-session pain class I gave at her primary care doctor’s office. In the class, she learned how she was participating in her pain. Susan contacted me after the class and asked to meet individually. I met with her for private sessions every 2 weeks for several months.
THE BODY
In the first session, Susan learned that (like most people with chronic pain), the way she was responding to her pain and her stress was automatic and unhelpful. She learned how to control her reactions and in doing so, gained control over her experience. After years of being prescribed medications to change her levels of physical and emotional distress, Susan was surprised to learn she could calm her mind and her body without a pill. I gave her a pain management audio CD and asked her to listen to it at least once daily and ideally more often than that because she had so much anxiety. By listening to the CD regularly, she was retraining her mind and body with methods proven to reduce pain and suffering. A big contributor to Susan’s neck pain was the load of tension she carried in her neck muscles. Regular use of the audio CD allowed her to begin releasing her neck tension, thus reducing her pain.

Susan was enmeshed with her kids and was unable to maintain good boundaries with them.

all the work for them. She would cave in when faced with their disappointment or disapproval. She was bewildered at how she could stop the cycle. “I've asked them to do more around the house, but it never happens,” she lamented. Instead, she would fall back into her role as servant. This was the first thing we aimed to change.

I coached Susan to stop picking up the slack for others, literally and figuratively. She began leaving the dirty laundry piled up in their bedrooms. If they needed clean clothes, they were forced to do the wash themselves. She stopped straightening up their rooms and instead began closing the doors so their messes did not encroach on her clean home. She stopped catering to her 16-year-old daughter’s every whim - including driving her to school; she lovingly yet firmly informed her that she was to begin taking the bus. In doing so, Susan found she had time freed up for self-care, such as yoga and gym. She began creating independence for herself while simultaneously encouraging greater independence for her kids.

This was a win-win for everyone. Her kids complained, but they had to begin taking on appropriate levels of responsibility. Susan found her family could tolerate being inconvenienced and that she could tolerate their disappointment. She stopped spending all her time and energy inappropriately catering to others.
Susan’s progress with pain management meant she was able to meet her goal of tapering off her medications. She stopped the Xanax first. This was the easiest. As she managed her anxiety with the steps just outlined, her need for Xanax melted away. As her pain was better managed, she began cutting down on her fentanyl Duragesic patch - literally. Each time she put on a new patch, she took scissors and cut the patch smaller and smaller thereby tapering her dosing of fentanyl (though this is not recommended). She acknowledged this was not easy, but she was determined to do it.

Along the way, Susan realised how much her stress levels were linked to her opioid use. She noticed that when her daughter was being obstinate and argumentative, she would reach back to rub the fentanyl patch on her shoulder. “I know now that I was instinctively trying to medicate the stress by rubbing the patch to release more medication,” she said.

Setting firm limits with her children allowed Susan’s stress and pain levels to lessen for four reasons:

• She learned to set appropriate limits and was no longer pushing her body so hard in an effort to please her family and reduce her guilt. In doing so, she eliminated all the overwork that was pushing her into greater pain levels, and she also freed up time for herself.

• She took better care of herself and thus began meeting her own physical and emotional needs.

• She used the relaxation response audio CD twice daily and, in doing so, she reduced her anxiety, stress, and muscle tension and was falling more quickly.

• As she reclaimed control over her life, she became calmer and more relaxed, and from this calm state, she made better decisions. Her choices supported better pain control, and she developed confidence in her ability to manage her pain, her emotions, and her stress. Her newfound confidence allowed her to become centered and grounded within herself.
THE MIND
Susan learned how to change her thought patterns so that she was no longer catastrophizing her pain. Before I first met Susan, she worried about her pain getting worse, and she felt there was nothing she could do about it. She was not coping well mentally or emotionally, and her distress was contributing to her pain and medication use. Through treatment, she learned how to keep her mind calm and how to make choices that supported her primary goal; managing her stress and pain rather than catering to others. She also learned that by taking excellent care of herself, she was a great role model for her children. Before, her children were learning that it was OK for Mum to sacrifice herself - after all, she did not count or deserve to be taken care of.

Now, they were learning that Mum deserved to be respected and well cared for. She was teaching her children by example that excellent self-care is healthy and essential. Through her actions, she was modelling important, positive values that would shape their lives.

THE SELF
As Susan tapered off opioids, she began feeling more. She was surprised to feel joy at times and anger at times - healthy emotions!

Susan acknowledged that the opioids had left her feeling somewhat numb to physical sensation and also to her emotions. She was pleased when she was able to reconnect to a full spectrum of emotions.

Her anger turned out to be good information. It informed her that something in her life had to be addressed. So she began addressing things directly and appropriately and thus started nipping her stress in the bud. She developed a healthy level of assertiveness with her husband and kids, and although there were some growing pains, the whole family benefitted. It is not healthy for anyone when a family member becomes numb and passive. As Susan began feeling more, she connected with her authentic self and started to realise what was missing in her life. She discovered she wanted to do more outside the home in a structured way, and now that her pain was better managed, she felt ready to realise this goal.

When I last saw Susan for follow-up, she reported that her blood pressure was much lower, to the point that her cardiologist was impressed and asked what her secret was. She was excited to tell me the secret was the work we did together. “It’s really the result of all this work we’ve been doing in session and that I’ve been implementing at home - making life changes to reduce my stress and pain and to get off the prescriptions. “I can’t believe I have my life back,” she told me.

One of the best things to come from all of Susan’s progress was her surge in energy. She found she had more energy available to channel in productive ways, whether it was exercising, connecting with friends and family, doing the craftwork she loved, volunteering, or going back to work.

“I was really surprised at how much energy the opioids robbed from me,” she said.

Susan is inspiring. She still has her medical conditions and limitations, but she is living her best possible life. She tapered off her Xanax and Duragesic fentanyl and is now tapering off her Ambien. Instead of popping a pill to sleep, she is focusing on calming herself in the evening by turning off the TV and computer in the hour before bedtime. She is eating dinner earlier so she is not overly full at bedtime. She is listening to her relaxation audio CD before bed so that she readies her mind and her body for sleep. She is focusing on making these changes herself so that she does not need to rely on the Ambien.

Taking pills may seem easier on the surface, but Susan preferred to have her life back. And she preferred to know that she, not a medication, was in control of it.

An important part of Susan’s story was the fact that the stresses in her family caused her both emotional and physical pain. Only by addressing the emotional stress and social pain did she gain control over her physical pain and reduce her use of medications.

agar pearls for Patients with Chronic Pain by Dr. Beth Darnall provides a concise overview of the role of psychology in treating patients with chronic pain, using evidence-based therapies. In this book, Dr Darnall shows mental health professionals how to use mindfulness interventions, hypnosis, and biofeedback, and also addresses co-morbid problems such as depression, anxiety, and insomnia.
KEY POINTS ABOUT OPIOIDS

- On average, opioids are of limited value for chronic pain.
- For select people, opioids are one component of an effective, comprehensive pain care plan.
- People with mental health diagnoses are more likely to be prescribed opioids and at risky doses.
- Multiple health risks (including addiction) exist for all people prescribed opioids.

The following may reduce opioid risks:

(a) optimising psycho-behavioural and non-pharmacological pain management strategies
(b) avoiding beginning an opioid prescription where possible
(c) if prescribed, minimising the use of opioids
(d) keeping doses low
(e) eliminating co-prescription with benzodiazepines
(f) if opioids are not working, stopping them rather than escalating the dose
(g) optimising non-opioid medical strategies (e.g., non-opioid medication or interventions)

Patient education about opioid risks and how to minimise them is critical. Recommend online and print resources to your patients so they may learn more and become empowered.

EXTENSIVE NEUROTOSTRANSMITTER PROFILE

The Extensive Neurotransmitter Profile is a urine test that assesses 6 levels of neurotransmitters including: serotonin, GABA, dopamine, noradrenaline, adrenaline, and glutamate. These 6 neurotransmitters are the most researched in relation to their effects on mood disorders, hormones, sleep, glucose/insulin balance, pain perception, appetite, and cognitive function.

The Adrenocortex Stress Profile is recommended to be performed with the Extensive Neurotransmitter Profile due to the interrelationship of adrenal hormones and the HP axis. This includes 4 salivary assessments of Cortisol and DHEAs levels.

Why Choose NutriPATH over other laboratories?

- Affordable and leading market pricing
- Test results within 72 hours
- Track and trace % patients test results via the practitioner online portal
- Comprehensive and easy to understand lab reporting
- Technical Support available: Mon-Fri. 8-5pm

Call Customer Service on 1300 688 522
to order your Collection Kits today!
Western agroforestry and science could learn much from the innovation and mastery of the Matsés people of the Peruvian and Brazilian Amazon. Their Traditional Medicine Encyclopaedia, *Neste Tantiagidon Chuibanaid*, took five years to complete, describes over 800 medicines, and includes treatments for 40 categories of diseases recognised by the Matsés. Creating the encyclopaedia was the first phase of achieving self-sufficiency for these indigenous people, followed by revitalisation through healing forests based on Matsés agroforestry, and training for young apprentices.
The Traditional Medicine Encyclopaedia was created entirely by the Matsés people - there were no outsiders coming in to document their knowledge, no ethno-botanical expeditions, and no translations. The entire encyclopaedia was written by the Matsés in their own villages, in their own words, and in their own language. All photographs and illustrations were also completed by the Matsés themselves. This incredible accomplishment is all the more remarkable considering sustained contact with the outside world occurred less than a half-century ago.

History and Background
Before the start of the Acaté’s Traditional Medicine Initiative in 2013, the Matsés rich and ancestral legacy of healing knowledge and wisdom was in danger of being lost. This wealth of knowledge and techniques of treatment had been passed on through oral tradition for millennia. The Matsés people realised that what they had was a method to thrive in one of the most biodiverse yet difficult ecosystems on the planet.

Throughout the world so much traditional knowledge has been lost due to the fallout from European conquest and disease. Today, with cultural change encroaching upon and destabilising even the most isolated societies, traditional knowledge is disappearing ever more rapidly.

For the Matsés, peaceful outside contact was initiated in 1969, after decades of conflict. By then, the current elder healers had already mastered their knowledge before being told it was useless by missionaries.

Today’s young Matses still encounter discrimination when dealing with the outside world which has led many of them to lose interest in, or even feel ashamed of their culture. As a result of these influences, when the traditional medicine project was started not a single elder had an apprentice. Yet at the same time, most villages still actively depended on and utilised the medicinal plant knowledge of the few remaining ageing healers as a primary source of health care. The Matsés realised that once extinguished, this knowledge, along with the tribe’s self-sufficiency, would never be able to be fully reclaimed.

Historically, what has followed the loss of endemic health systems in many indigenous groups is near total dependency on the rudimentary and extremely limited external health care that is available in such remote and difficult-to-access locations. Not surprisingly, in most countries, indigenous groups have the highest rates of mortality and disease.

The Matsés elders who valued, guarded, and were ready to pass on their knowledge were aware it was perilously close to being lost. They had witnessed neighbouring indigenous groups lose their traditions.
Phase I: Written Encyclopaedia
From the outset, the Matsés elders and Acaté developed a plan of action to ensure their traditional system of health would endure for future generations as they adapted to the outside world. The first phase involved the creation of a written encyclopaedia of their traditional medicine knowledge. Each chapter of this traditional medicine encyclopaedia was to be written by an elder shaman, chosen by the community. The elder was paired with a younger Matsés who over months transcribed his knowledge in writing and photographed or illustrated each plant.

This novel approach proved significant as an innovative mechanism to protect their knowledge from theft by the outside world. History is replete with examples of theft from indigenous peoples. For the Matsés, the threat was all too real as their knowledge had been stolen and misappropriated in the past.

For decades, prior efforts by conservation groups to protect indigenous peoples against the loss of indigenous medicinal plant knowledge were stifled by concerns of facilitating biopiracy. With the medicinal plant knowledge disappearing fast among most indigenous groups and no one to write it down, the true losers in the end are tragically the indigenous stakeholders themselves.

So after two years of diligent work in May 2015, the first volume of the encyclopaedia was finalised during a historic meeting of the remaining Matsés elder shamans. The second volume comprising an additional five chapters was completed in September 2017.

Phase II Revitalisation through Healing Forests
Whilst the encyclopaedia is a historical and critical first step towards mitigating the existential threats of their health, the Matsés knew it would not be sufficient to maintain their self-sufficiency. Just as studying a western medical textbook does not make one a doctor, the Matsés recognised that gaining healing wisdom and learning their traditional medicinal system would take much more than book study alone.

The framework of Phase II of the Traditional Medicine Initiative involved the creation of Healing Forest Medicinal Plant Gardens, based on traditional Matsés agroforestry. In the earlier Apprentices Program, elder shamans - who were also encyclopaedia chapter authors - were accompanied in the forest by younger Matsés to learn the plants and assist in treating patients.

For many, the term ‘medicinal garden’ might connote a sun-exposed garden adjacent to a house or a farm clearing. But what the Matsés are doing is different. Many of the rainforest vines, tree saplings, ferns and fungi that the Matsés use daily for healing will not grow in sun-exposed gardens. They require rainforest ecosystems for their propagation, adding considerable levels of complexity and challenge. Successfully transplanting and establishing these plants in the rainforests is not easy and requires a master’s understanding for successful cultivation.

In the presence of a master shaman pointing out the medicinal plants, you realise in a moment that you are surrounded by a constellation of hundreds of medicinal plants cultivated by the Matsés healers for use in the treatment of a diverse range of ailments.

It is important to also understand that the Healing Forests are not a new introduction but a restoration of traditional Matsés agroforestry practices that fell into abandon following sustained contact with the outside world. For generations, Healing Forests supplied the Matsés communities with an abundance of sustainably-sourced medicinal plants to treat urgent health needs. The benefit of having the plants nearby, especially the rare ones, provides both a classroom for teaching and access for treating patients. These factors made the decision to re-establish Healing Forests an easy one.

The creation of a Healing Forest agroforestry plot in a community is a big production, taking over a month of full time work by an entire team. The teams creating each Healing Forest comprise one elder shaman, at least 6 apprentices, and one Matsés coordinator, usually an experienced apprentice. The design for each Healing Forest agroforestry area is individualised by each healer and community. Some prefer to place the plants along winding paths in the forest while others favour a more centralised design.
The value of the Healing Forest Rainforest Gardens cannot be overstated to the Matsés as healing repositories for their communities. For the global conservation movement, the scope of the Healing Forests that the Matsés are creating stand at the pinnacle of successful local agroforestry-based conservation.

The Matsés elders and apprentices have confirmed that actually working with the plants in developing the medicinal Healing Forests was the most efficient way to teach identification and learn applications. Further, consulting the encyclopaedia is a vitally important means of reinforcing field instruction from the shamans. Not all of the young participants in the Healing Forest program can be expected to acquire the knowledge to assume the mantle of a master shaman, just as in western societies not everyone goes to medical school and becomes a physician. From those apprentices drawn out in each community, it provides the opportunity for the most dedicated and knowledgeable to emerge and select themselves through demonstrated aptitude, interest and dedication.

The third phase set-out by the Matsés elders is to identify the most knowledgeable and promising of the young apprentices and provide in-depth advanced apprenticeships with the remaining elder plant masters across their territory. One such advanced apprentice is Mariano Lopez Rengifo who says, "It takes time to become a shaman. Just as you spend years in school learning to use pharmaceuticals, my university is the jungle."

www.acateamazon.org

During the project 3,000 to 5,000 medicinal plants were transplanted representing over one hundred species.
My father grew up on a dairy farm in northern Minnesota with extremely harsh winters. He told us stories about having to tie a rope from the farmhouse to the barn during blizzards to be able to find the house again - after milking the cows morning and night. Without a rope it was a risky venture, one that could have a fatal outcome. My Dad’s guiding rope can be a metaphor for what keeps us safe and helps us find our way. Each of our ropes are made up of things we have learned to navigate life. My rope is many strands woven together, tools I have picked up along the way to guide me towards balance.
The most prominent strand in my rope is my philosophy of life. I believe in a divine power of love that connects us to each other.

My personal blend of beliefs started from a study of metaphysics. In the classes I took, we learned to do visualisations and affirmations and to think positively. The teachings of Jesus showed me that healing comes from love; the stories of Buddha taught me compassion. I believe that by focusing on helping others we receive more than we give. My faith is strong that we are guided, protected and wished to reach our greatest good.

At the same time, I believe in accepting life as it currently is, not angrily fighting against difficulties. Byron Katie in *Loving What Is* writes, "Life is simple. Everything happens for you, not to you. Everything happens at exactly the right moment, neither too soon nor too late. You don’t have to like it ... it’s just easier if you do."

The key, I believe, is to accept our current experience and then decide if we want to change it. A motto that has served me well is, “And this too shall pass.” When I’m in a tough situation, physically or emotionally, and I can’t see the end of it, I remind myself that everything ends sooner than we think it will.

My philosophy is to be thankful and my morning meditations include gratitude. When I think during the day about how great my life is, I give thanks on the spot. In *Rainbow in the Cloud* by Maya Angelou, she writes, "Let gratitude be the pillow upon which you kneel to say your nightly prayers."

Sarah Ban Breathnach, in *Simple Abundance* writes, “Real life isn’t always going to be perfect or go our way, but the recurring acknowledgement of what is working in our lives can help us not only to survive but surmount our difficulties.”

At the end of each day when I’m lying in bed, I do a quick review of the day’s experiences. This is a good time for appreciation and also to recognise anything I might want to do differently the next time. Lately, I’ve been setting an intention for the day each morning. This helps me focus on how I’d like the hours to be spent.

The energy healing practice of Reiki has made my rope so much stronger. The energy which flows through the practitioner from the Universal Life Force helps the receiver to regain balance.

Symptoms of dis-ease often decrease or even disappear as the body’s innate healing potential is enhanced through receiving Reiki.

Some of the many issues that can be improved with Reiki are:

- strengthening the immune system
- better sleep
- easier digestion
- alleviating pain and stress
- a quicker recovery
- detoxification
- relieving anxiety and fear
I am calmer, healthier and more centered when I give or receive Reiki. For me, it is a spiritual practice as well as a method of healing.

Another part of my guiding rope is a collection of books that have helped me through times of sorrow. When my father passed away suddenly, I was inconsolable. I yearned for words of guidance; I wanted so badly for someone to tell me how to stop feeling the pain. Slowly I started to discover books that showed me ways to open to the grief. They are written by wonderful authors who, through their own experiences and suffering, were motivated to reach out to others. I was starting to find writings that hinted at ways to heal when more heartache came. A loved one was diagnosed with a rare disease and a dear friend died in a plane crash in Mexico. Some of the books that especially seemed to help me were:

- Loving What Is
- A Return to Love
- A New Earth
- The Untethered Soul
- Ask and It Is Given
- A Path with Heart
- Peace is Every Step
- Living Beautifully
- The Four Agreements
- There is a Place Where You Are Not Alone

All these books appeared when I most needed them.

According to Dr. Rachel Naomi Remen, “There’s an extraordinary wisdom and clarity that emerges in people who genuinely meet their pain.”

A newer strand in my rope is writing. During that year of grief, I started keeping regular journals. Recording my thoughts and emotions helped me to open up to the sadness I was feeling. A few years later, I joined a community college life writing class. I witnessed my fellow students feeling better as they wrote about their lives. Besides being a way to heal, writing helps me define my life. After two years of consistent writing, I’ve found a feeling of excitement as I hope that something I write might help another, like the books I read when I was looking for support.

My rope is sturdier because of my cat Roo. We have become even closer since I started practising Reiki. My son says Roo is a Reiki addict. When Roo sees me heading to the living room in the evening, he takes off at a run, jumps up on the coffee table and then bounds into my lap where I am waiting with his favorite Mexican blanket. I believe he has healing powers; it soothes me when I hold him.

Reading these books helped me to understand that we all go through times of pain and sadness, but great compassion and growth can be the gift of the wound.
Roo teaches me how to love and also how to let go. When we lost his sister four years ago, our daughter decided that Roo had to become an indoor cat. After listening to him cry for two days, she realised this wasn't fair. Now I let him out later in the morning, and give thanks for the miracle of him returning every afternoon.

Woven into my rope is a strand that keeps my body active. My love of eleven years is playing beach volleyball. It is a time I look forward to each week; playing with my friends while watching the waves, sea gulls and pelicans is special. Where we live there are many rural trails to hike or if I feel like staying home, there is always pruning and planting work to be done on our property. Anything where I'm active and especially outdoors in nature makes me happy.

On the topic of keeping healthy, I have found a first line of defense that works well for me with everyday aches, pains and sicknesses. Before seeing a doctor, I first try massage, essential oils and Reiki and that is usually enough. A book that gave me a tool to maintain physical flexibility and strength is The Ancient Secret of the Fountain of Youth. My son and I have been doing the Tibetan rites prescribed in this book for more than four years. The rites are five exercises which begin the first week with three repetitions daily. By week nine you work up to twenty-one repetitions of each exercise. After a month of doing the rites my body was more limber and I had less stiffness. I felt more energy. My rib cage was narrower and firmer. My arms, wrists, legs and abs and were stronger. The back pain I had been experiencing was gone. My hair and nails grew faster. I had better posture and I lost a few pounds. Seeing these improvements gave me the enthusiasm to continue.

These are the strands that make up my rope. I hang on to them for guidance through the tough spots. They are my own special alchemy of tools for living.
Nourishing Broth

M A K E S :  2 litres (68 fl oz)
P R E P  T I M E :  10 minutes
C O O K  T I M E :  1 hour
D I F F I C U L T Y :  Easy

You can use this light and nourishing broth as a base for your soups and stir-fries or as a warm, comforting drink all on its own. Wakame is an edible seaweed and you can usually find it at Asian grocers or your local wholefood or health food store. Wakame is a good source of calcium, magnesium, iron and iodine. The miso provides another amazing element to this broth.

BROTH:
- 10 g (¼ oz) dried wakame
- 1 large leek, white part only, finely shredded
- 4 garlic cloves, minced
- 1 tablespoon minced fresh ginger
- 2 teaspoons fresh turmeric
- 4 stalks celery, thinly sliced
- 1 litre (34 fl oz/4 cups) vegetable stock
- 1 litre (34 fl oz/4 cups) filtered water
- 3 tablespoons coconut aminos
- 1 large beetroot (beet), peeled and thinly sliced
- 60 g (2 oz/2 cups) flat-leaf (Italian) parsley, chopped
- 45 g (1½ oz/1 cup) kale or English spinach, chopped
- 2 tablespoons miso

M E T H O D :
Start by placing the dried wakame in a bowl of water to reconstitute it while you prepare the rest of the dish. In a saucepan, sauté the leek, garlic, ginger, turmeric and celery in a little vegetable stock until soft. Drain the water from the wakame, and add the wakame to the sautéed vegetables along with the rest of the vegetable stock, the filtered water, coconut aminos and beetroot. Bring to the boil, then reduce to a simmer and cook for 45 minutes. Add the parsley, kale and miso, stirring well. Continue to simmer for a further 5 minutes. Strain to separate the broth or serve as a light soup with the veggies. Alternatively, if you have a slow cooker you can combine all the ingredients and cook for 12 hours or more, adding the greens and miso at the very end.
Middle Eastern Stuffed Eggplants

SERVES: 4
PREP TIME: 10 minutes
COOK TIME: 50 minutes
DIFFICULTY: Medium

When I first made this dish for Frase, he was blown away by the flavours. The fresh, herby yoghurt dressing paired with the spicy, nutty and savoury flavour of the stuffing in a crispy eggplant skin is just magic. This recipe is best enjoyed straight away, but any leftover stuffing freezes well and is also yummy rolled into balls and baked.

STUFFED EGGPLANTS:
2 large eggplants
½ head (about 200g) cauliflower florets
300g mushrooms, sliced
½ cup (50g) walnuts
1 brown onion, diced
½ cup dried cranberries
½ teaspoon salt
1 ½ teaspoons cumin

YOGHURT DRESSING:
¾ cup (190ml) coconut yoghurt
1 tablespoon fresh mint, chopped
1 tablespoon fresh coriander, chopped
½ lemon, juiced
1 teaspoon maple syrup
½ teaspoon garlic powder

TO SERVE:
1 tablespoon each coriander and mint
1 pomegranate
2 tablespoons pine nuts, toasted
1 lime, quartered

METHOD:
Pre-heat oven to 180°C/356°F fan-forced. Slice eggplants lengthways and scoop out the flesh, saving it for the stuffing. Place halves skin-side down on a baking paper-lined tray. Bake in the oven for 20 minutes while you prepare the rest. To make the stuffing, add the saved eggplant flesh, cauliflower florets, mushrooms and walnuts to your food processor and pulse until you get a ricelike consistency. Heat a non-stick frypan. Combine the eggplant mixture, diced onion, cranberries, salt and cumin in a frypan. Cook mixture over low heat for about 20 minutes, stirring every few minutes. Remove the eggplant skins from the oven and stuff the eggplants with the cooked mixture. Return to the oven to bake for a further 30 minutes. Combine dressing ingredients in a small bowl and whisk together. Once the eggplants are done, drizzle with yoghurt dressing and scatter with extra fresh herbs, pomegranate seeds and toasted pine nuts. Serve with a few wedges of lime.
Pumpkin and Chickpea Curry with Toasted Coconut Cauli Rice

SERVES: 2
PREP TIME: 10 minutes
COOK TIME: 40 minutes
DIFFICULTY: Medium

On a chilly Winter night when you crave something nourishing and warm, you will be glad you made this. The colour and flavour of the toasted coconut cauli rice, the creamy and spicy chickpea curry and the scrumptious roast pumpkin (winter squash) are just perfect. Plus this combination is packed full of anti-inflammatory turmeric, fibre, and healthy, whole, plant-based fats to nourish your body.

PUMPKIN:
500 g (1 lb 2 oz) pumpkin (winter squash), sliced
1 tablespoon coconut aminos
1 pinch salt

TOASTED COCONUT CAULI RICE:
80 g (2¾ oz/½ cup) cashew nuts
½ head (about 400 g/14 oz) cauliflower
15 g (½ oz/½ cup) shredded coconut

CHICKPEA CURRY:
1 onion, diced
2 garlic cloves, minced
225 g (8 oz) cherry tomatoes
2 teaspoons ground cumin
2 teaspoons ground turmeric
2 teaspoons garam masala
¼ teaspoon salt
juice of 1 lemon
15 g (½ oz/½ cup) coriander (cilantro) leaves, plus extra to serve
45 g (1½ oz/1 cup) English spinach

METHOD:
Preheat the oven to 180°C (350°F) fan-forced. Lay the pumpkin out on a baking paper–lined tray, sprinkle with the coconut aminos and salt and place in the oven for 40 minutes while you prepare the rest of the dish. Pulse the cashew nuts and cauliflower florets in a food processor until you get a rice-like consistency. Add the coconut and stir it through. Spread the mixture on a second baking paper–lined tray and place in the oven. Stir after 10 minutes, then return to the oven for a further 10 minutes. For the curry, add the onion, garlic, tomatoes and spices to a food processor. Blend until a liquid is formed. Heat a non-stick frying pan on low, add the onion and tomato mixture, and stir well. Leave to simmer for about 5 minutes. Add the chickpeas and coconut milk. Simmer until the liquid reduces again. Add the salt and the lemon juice. Turn the heat off and stir in the fresh coriander and English spinach. Divide the pumpkin, toasted cauli rice and curry between two plates and enjoy.
**Beetroot, Ginger and Lime Pie**

**MAKES:** 1 Large Pie  
**PREP TIME:** 20 minutes (+ setting time)  
**DIFFICULTY:** Easy

*In Autumn, when beetroot, lime and ginger are in season, I love to make one of these pies. Beetroot has amazing cleansing properties so why not put it in a decadent dessert I say. It also gives the most amazing earthy flavour to this recipe. That, combined with the zingy freshness of the lime and ginger, is a match made in heaven.*

**CRUST:**
- 125 g (4½ oz/1 cup) sunflower kernels  
- 90 g (3 oz/1 cup) desiccated coconut  
- 30 g (1 oz/¼ cup) cacao powder  
- 1 teaspoon vanilla powder  
- 10 medjool dates, pitted  
- 1 pinch salt

**FILLING:**
- 390 g (14 oz/2½ cups) cashew nuts  
- 105 g (3½ oz/¾ cup) beetroot (beets), grated  
- 125 g (4½ oz/½ cup) coconut yoghurt  
- 185 ml (6 fl oz/¾ cup) lime juice  
- 125 ml (4 fl oz/½ cup) maple syrup  
- 1 tablespoon minced fresh ginger

**TO SERVE:**
- 1 teaspoon black sesame seeds  
- 1 teaspoon white sesame seeds

**METHOD:**
Boil 750 ml (25½ fl oz/3 cups) of water and pour over the cashew nuts. Leave to soak while you prepare the crust. Add all the crust ingredients to a food processor. Pulse to combine and process until the mixture begins to stick together. Press into a pie case or springform cake tin. Drain and rinse the cashew nuts. Add all the filling ingredients to a blender or food processor. Pulse to combine and blend until super smooth. Pour onto the prepared crust. Scatter with the black and white sesame seeds and place in the freezer for at least 4 hours to set. Remove from the freezer 10–20 minutes before slicing and serving.

This is an edited extract from *Whole* by Harriet Birrell published by Hardie Grant Books $50.00 and is available where all good books are sold. Photographer: © Nikole Ramsay
Every Doctor
by Leanne Rowe and Michael Kidd

Every Doctor is about thriving in medicine at a time of massive advances and changes in global health systems and medical services. The book is a must-read for doctors of all specialties at all stages of their careers wherever they practice in the world, because exemplary care of patients, peers, profession and self is a lifelong journey. Leanne Rowe is a family doctor and clinical professor at Monash University who has cared for other doctors as patients for many years. Michael Kidd is a family doctor and Professorial Fellow with the Murdoch Children’s Research Institute in Melbourne.

The Way of the Five Seasons
by John Kirkwood

The Way of the Five Seasons is a comprehensive and practical guide to using the Five Element model in your daily life. Having introduced the philosophical and practical principles of the Five Elements, the author invites you to 'live the book', immersing yourself in the many aspects of each element during its corresponding season. He offers a range of methods for doing this, including activities such as movement, cooking, gardening, journaling, visualisation, meditation, dialogue and self-acupressure. In working with each element, he explores the three levels or expressions of human life - the physical (structures, organs, tissues and systems), the psycho-emotional (thoughts, beliefs, self-images, emotions and reactions), and the spirit. This is an invaluable reference book for practitioners and students of Chinese Medicine who hope to become better practitioners to others.

The Book of Ikigai
by Caroline de Surany

Ikigai is the Japanese secret to living happily and in good health. Sometimes translated as joie de vivre or raison d’être, it can be understood as the nexus between what brings us pleasure, what we’re naturally talented at, and what we believe the world truly needs. In other words, ikigai gives us the feeling that our life makes sense. But how do we find our ikigai? The Book of Ikigai is packed with relatable anecdotes and inspirations from ancient traditions and more than seventy playful exercises to bring you closer to your own reason for being. It will empower you to understand your own values – where you find connection; how you feel love; what gives you a sense of place in the world – moving you towards a way of life that brings you peace of mind and lasting joy.
**Buddha at Work**
by Geetanjali Pandit

How can you bring your best and most successful self to work every day? Told in a series of conversations and interspersed with tales from the Buddha’s life (along with real-life stories from people who’ve faced challenging situations in their jobs), *Buddha at Work* offers invaluable insight that will guide you through the challenges of the modern-day workplace. You will read about how to keep yourself motivated and energised, be your productive best, manage stress and take control of every work-day situation, deal with difficult bosses and co-workers or unforeseen situations like losing your job, and channel negativity into a more productive and positive attitude. Taken from the author’s decades of experience as head of HR in the country’s top organisations, and packed with easy-to-apply practical advice, *Buddha at Work* will help you achieve your true potential and find inspiration when you need it the most.

**Will I Still Be Me?**
by Christine Bryden

What does a dementia diagnosis mean for an individual’s sense of self? Christine Bryden shares her insider view on living with dementia and explains how a continuing sense of self is possible after diagnosis and as the condition develops. Encouraging a deeper understanding of how individuals live meaningfully with dementia, the book challenges the dominant story of people with dementia ‘fading away’ to eventually become an ‘empty shell’. It explores what it means to be an embodied self with feelings and emotions; how individuals can relate to others despite cognitive changes and challenges to communications; and what this means for the inclusion of people with dementia in society.

**A Journey Into Yin Yoga**
by Travis Eliot

*A Journey into Yin Yoga* explores the origins and application of yin yoga. It provides readers with the poses, breathing and meditation techniques to help strengthen the mind, body and soul plus there are tips on pose transition to ensure better circulation, joint health and improved physical and mental strength. Readers are introduced to the eight breathing techniques and meditation practices designed to improve focus, reduce stress and enhance clarity. The guide features over 50 poses with stunning photos and detailed instructions which are backed up with inspirational quotes, stories and interviews with celebrities, doctors and athletes.
on change

10 Reasons Change Is Good For You

1. Most people are afraid of change because it forces them outside their comfort zone (Go there. It’s not that uncomfortable).

2. It takes much more energy and effort to resist change than it does to accept it.

3. Since most people will resist change, successful people will use this fact to their advantage.


5. Change can be scary and uncomfortable, but it’s only when you look at it that way.

6. People resist change because it brings feelings of fear of the unknown.

7. Fear of change is a feeling you can change. It’s okay to change your feelings.

8. Change is a harbinger of possibilities.

9. When we change we adapt and move forward. When we don’t, we move backwards.

10. The weather will change, so don’t worry about it and stop talking about it!

If you don’t like something, change it. If you can’t change it, change your attitude.
Maya Angelou

Every great dream begins with a dreamer. Always remember, you have within you the strength, the patience, and the passion to reach for the stars to change the world.
Harriet Tubman

Change your thoughts and you change your world.
Norman Vincent Peale

I don’t go by or change my attitude based on what people say. At the end of the day, they, too, are judging me from their perspective. I would rather be myself and let people accept me for what I am than be somebody who I am not, just because I want people’s approval.
Karan Patel

When you forgive, you in no way change the past - but you sure do change the future.
Bernard Meltzer

Change will not come if we wait for some other person or some other time. We are the ones we’ve been waiting for. We are the change that we seek.
Barack Obama

Growth is painful. Change is painful. But, nothing is as painful as staying stuck where you do not belong.
N. R. Narayana Murthy

Progress is impossible without change, and those who cannot change their minds cannot change anything.
George Bernard Shaw

God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.
Reinhold Niebuhr

Art, freedom and creativity will change society faster than politics.
Victor Pinchuk

Together we can change the world, just one random act of kindness at a time.
Ron Hall

So many people live within unhappy circumstances and yet will not take the initiative to change their situation because they are conditioned to a life of security, conformity, and conservation, all of which may appear to give one peace of mind, but in reality, nothing is more damaging to the adventurous spirit.
Christopher McCandless

The first step toward change is awareness. The second step is acceptance.
Nathaniel Branden

It’s always hard to deal with injuries mentally, but I like to think about it as a new beginning. I can’t change what happened, so the focus needs to go toward healing and coming back stronger than before.
Carli Lloyd
Find a fully accredited Natural Therapy Practitioner close to you...

The Natural Choice...

When it comes to choosing a Natural Therapy Practitioner in your area, look for the ANTA symbol - it’s your guarantee of professionalism.

- Acupuncture
- Aromatherapy
- Ayurvedic Medicine
- Chinese Herbal Medicine
- Counselling
- Homeopathy
- Myotherapy
- Musculoskeletal Therapy
- Naturopathy
- Nutrition
- Oriental Remedial Massage
- Remedial Massage
- Shiatsu
- Traditional Chinese Medicine
- Western Herbal Medicine

Recognising the highest natural therapy education standards across Australia

LISTEN

what is your soul trying to tell you?

Download our FREE App available for iPhone & Android or visit www.anta.com.au

It's only natural to want the best health advice.