Complementary and Alternative Health in New Zealand

An Environmental Scan
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1. **Introduction**

The Ministerial Advisory Committee on Complementary and Alternative Health was established in June 2001.¹ This environmental scan was called for by the Committee, to provide committee members with background information on complementary and alternative health in New Zealand. It was intended that this scan would aim for breadth not depth in trying to present as much information as possible to the committee.

This environmental scan examines a number of areas in complementary and alternative health in New Zealand. It focuses on:

- Terminology used to discuss complementary and alternative health
- Complementary and alternative services in New Zealand
- Consumers of complementary and alternative health services
- Regulation of complementary and alternative health
- Research into complementary and alternative health that has been carried out in New Zealand
- Costs of complementary and alternative health.

¹ See Appendix I for Terms of Reference for the Committee
2. Terminology

2.1 Choosing a Term
A wide variety of terms or phrases are used to refer to the area of health care that is external to Western biomedicine (see Section 1.2 for discussion on defining the biomedical paradigm). This section looks at the use of these different terms, and at those most appropriate for the use of the Committee in the context of New Zealand health care.

Some of the commonly used terms for these forms of health care or medicines/therapies are as follows:

- natural
- unorthodox / unconventional / non-conventional
- marginal / fringe
- (w)holistic
- complementary
- alternative
- complementary and alternative medicine (CAM)
- primitive / traditional healing

The use of these terms is looked at below.

Natural
The terms 'natural' health care, 'natural' therapies and 'natural' medicine are all used to describe what we are referring to as complementary and alternative health.

The New Zealand Charter of Health Practitioners defines the terms 'natural medicine' and 'natural therapies', as follows (NZCHP):

- natural medicines are all those traditional methods of healing which involve, or are mainly based upon ingestible medicines
- natural therapies are all those methods of healing which do not require the administration of medicines as the essential part of treatment.

One of the arguments for using these phrases, instead of terms such as 'complementary' and 'alternative', is because by using the term 'natural', the area is defined on the basis of its own characteristics, rather than in contrast with Western biomedicine. Many people consider that these medical systems or therapies should be defined in their own right, and not in comparison to another medical system.

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2 Dictionary definitions of some of the key words discussed here are given in Appendix I
Unorthodox / unconventional / non-conventional
The term 'unorthodox' medicine or therapies is used by some writers, and defines these therapies solely in terms of orthodox medicine (Western biomedicine). It can be argued that this is a purely negative definition, meaning 'at variance with established orthodox or accepted doctrines or beliefs' (White 1991). The term 'unconventional' is similarly considered to be a negative definition.

Marginal / fringe
The terms 'marginal' and 'fringe' were used frequently by writers in the 1960s and 1970s who were not part of the alternative health movement (White 1991). These terms are still used today, particularly by those outside the complementary and alternative health sector, but their use is less common.

Wholistic / holistic
The term 'wholistic' or 'holistic' is often used in connection with complementary and alternative therapies and it is sometimes identified as one of their defining characteristics. 'Holism' is generally understood as meaning that the health practitioner considers the whole person, including physical, mental, emotional and spiritual aspects. The terms 'wholism' or holism are not commonly used, however, as an identifying title to encompass all complementary and alternative therapies.

Complementary
'Complementary' and 'alternative' are probably the two most common terms used to refer to this area of health care. They are used frequently in the published literature, either on their own or in conjunction.

The term 'complementary' seems to be most often used to refer to the whole range of therapies that are not Western biomedicine, but it is sometimes also used to refer to a subset of these therapies. When used in this more specific form, 'complementary' is sometimes used solely to refer to therapies that can be used to supplement Western biomedical treatment, such as aromatherapy and hypnotherapy.

The term 'complementary' has come into regular usage in the last 15 years, and currently appears to be more popular than 'alternative' (White 1991). 'Complementary' medicine seems to be commonly understood as meaning complementing biomedicine. However, an alternative interpretation is that it complements the needs of the patient, rather than complementing biomedicine (Institute for Complementary Medicine 2001).

Some in the complementary and alternative sector prefer 'complementary' (defined most commonly as complementing biomedicine) rather than 'alternative', because it implies an accepted position in relation to orthodox or Western biomedicine: using the term 'complementary' does not imply either relations of inferiority or superiority (Willis 1994). However, the term does

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imply that all such therapies are used as an adjunct to Western biomedicine, and cannot be complete medical or healing systems in their own right.

In 1987 the Department of Health conducted exploratory research into complementary and alternative health in New Zealand. Its subsequent publication used the term 'complementary', after attempting to use the term 'alternative/complementary therapies' and finding this phrase too clumsy (Leibrich et al 1997). 'Complementary medicine' is also the phrase used by the Therapeutic Goods Administration (2001) in Australia.

**Alternative**

Like 'complementary', the term 'alternative' seems to be most commonly used in its broader sense as including all therapies outside of the biomedical paradigm. The narrower concept of 'alternative' medicine or therapies refers to therapies that are seen to provide an alternative medical system from Western biomedicine, and include in their body of knowledge diagnostic systems, and treatments for the full range of conditions that impact on health and wellbeing.

The Office of Alternative Medicine of the National Institutes of Health in the USA defines 'alternative therapy' as:

> any treatment (substance or modality) that is used or prescribed to patients that is not a USA Food and Drug Administration/FDA approved pharmaceutical substance or device of FDA approved substances or devices being used for indications and in doses not approved by the FDA for that agent or device.  

'Alternative medicine' is described by White (1991) as the term used for a variety of heterodox therapies, which have very informal structural connections with each other. One thing in favour of using this term, White argues, is that it conveys the idea that people have choice or an alternative to orthodox treatment.

The term 'alternative' is perceived by some as undesirable because it defines these therapies or medical systems in contrast to an 'orthodox' system, as discussed above. Fisher and Ward (1994) argue that 'alternative' is pejorative, lumping together 'heterogeneous categories defined by what they are not rather than by what they are'. Three theses written in New Zealand on the subject of complementary and alternative health between 1991 and 1998 use the term 'alternative', in the form of 'alternative medicine', 'alternative therapies', or 'alternative health providers/practitioners' (Cox 1998; Dew 1998; White 1991).

A report prepared for Health Canada used the phrase 'complementary and alternative health practices', shortened to 'alternative practices' (CAHP Project 1999). However the report noted that the use of this terminology proved difficult. It found that the prevailing research literature, for example, used the term 'complementary and alternative medicine' or 'CAM'. It also

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commonly came across 'complementary therapies' ('CT') or 'complementary medicine' ('CM').

**Complementary and alternative medicine (CAM)**

The term 'complementary and alternative medicine' is becoming increasingly common. In 1995, at a conference of the US Office for Alternative Medicine of the National Institutes of Health, one of the tasks was to define and describe complementary and alternative medicine. The panel responsible for this decided on the phrase 'complementary and alternative medicine' or 'CAM', and came up with the following definition (O'Connor et al 1997):

> Complementary and alternative medicine (CAM) is a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period. CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being.

The National Center for Complementary and Alternative Medicine of the National Institutes of Health in the United States has adopted this term (see Section 3.2).

The Cochrane Collaboration\(^5\) uses 'complementary and alternative medicine', as does the UK House of Lords Select Committee on Science and Technology (see Section 2.1). In their report on complementary and alternative medicine, the Committees describe CAM as 'a diverse group of health-related therapies and disciplines which are not considered to be a part of mainstream medical care' (House of Lords Science and Technology Committee 2000).

**Traditional healing systems**

There is currently very little published literature on terminology around traditional Māori healing or Pacific systems of healing that are practised in New Zealand.

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\(^5\) The Cochrane Collaboration is an international organisation that aims to help people make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of health care interventions. It is a not-for-profit organisation.
2.2 Defining the Medical Paradigm

A variety of terms are also used to refer to the medical paradigm that is dominant in New Zealand. There is currently very little published literature on terminology used to describe this paradigm. The purpose of this section is to identify the term or terms that the Committee will consistently use in their work.

This form of medicine uses a scientific framework that aims to base itself on evidence. Most medical organisations just use the term ‘medicine’.

Some of the terms commonly used to refer to the medical paradigm are:

- conventional / mainstream
- modern
- allopathic
- biomedicine / Western biomedicine
- scientific

The use of these terms is looked at below.

Conventional / mainstream

As the biomedical system is the dominant medical system in New Zealand and throughout the Western world, it is referred to as ‘conventional’, ‘orthodox’ or ‘mainstream’ medicine. These terms are also commonly used by the biomedical sector and the CAM sector. While they do imply that treatments not included in this paradigm are ‘unconventional’ or ‘unorthodox’, they seem to be widely accepted.

Modern

Because it is seen in opposition to traditional systems of healing, such as indigenous healing systems, the medical paradigm is sometimes referred to as ‘modern medicine’. In light of the recent surge of popularity of complementary and alternative therapies, the development of new therapies, and the identification of this system’s roots in the teaching of Hippocrates, it is also sometimes called ‘traditional medicine’.

Allopathy / biomedicine

The term ‘allopathic’ medicine has been used historically to distinguish it from homoeopathic medicine, and later from other alternative therapies (Bates 2001). This term has now fallen out of common usage, and is most commonly replaced by the term ‘biomedicine’, or ‘Western biomedicine’.

The use of ‘biomedicine’ is common both in literature on complementary and alternative medicine, and also within its own paradigm. The use of ‘Western biomedicine’ is less common, and is mainly found in the social sciences literature, and in the literature on complementary and alternative medicine.
**Scientific**

Because biomedicine aims to base itself on scientific principles, and in light of the current trend of evidence-based medicine, it is referred to by some as 'scientific' medicine. The terms 'scientific', 'modern', and 'traditional' are less useful, as they have a subjective component and are considered somewhat inaccurate by some.
3. Complementary and Alternative Health Services in New Zealand

3.1 Provision of Complementary and Alternative Services

3.1.2 On an organisational level

Complementary and alternative health services are provided by complementary and alternative practitioners. These services can be provided legally by practitioners with or without formal training. Some medically trained doctors also provide complementary and alternative therapies. Consumers are able to visit pharmacies, homeopathic pharmacies, or health food stores for complementary and alternative health products. Consumers can also purchase some complementary and alternative health products from individual practitioners, such as herbal tonics from herbalists. Other 'non-shop' based retailers also sell complementary and alternative health products.

3.1.2 On an individual level

Therapies and products are provided in a large variety of ways, e.g.: needling, touching, manipulation of muscles or spine; taking pills, tonics, enemas; using creams, oils, and so on.

3.2 Complementary and Alternative Therapies in New Zealand

There is a wide range of complementary and alternative therapies that are provided in New Zealand. The table below lists the range of therapies that are practised in New Zealand. This was compiled from a variety of sources.\(^6\) For an explanation of the therapies, see Appendix IV.

In 1997 the New Zealand Consumer Institute carried out a random survey of its members.\(^7\) This survey found that the most popular therapies were chiropractic, herbal medicine, and homeopathy. Chiropractic had a high satisfaction rating, at 74 percent. The respondents that had used osteopathy also reported high levels of satisfaction (78 percent). Faith healing also had a high satisfaction rate, at 70 percent (New Zealand Consumer Institute 1997).

The survey reported that 65 percent of the respondents who had seen a doctor for the ailment, the doctor was aware that the other practitioner was

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\(^6\) This list was collected from a variety of sources including the New Zealand Charter of Health Practitioners Practitioner Directory 2001, magazine articles, and the Wellington Telephone Directory.

\(^7\) In 1997 the New Zealand Consumer Institute sent survey forms to a random sample of 12,000 Consumer members. Of the 8,007 that replied, 4,084 had tried a complementary or alternative therapy.
also being consulted. It was reported that the GPs who had been told were most likely to be supportive if the practitioner was an acupuncturist, aromatherapist, or osteopath (63 percent support for each). They were least likely to support herbal medicine (26 percent) and naturopathy (23 percent).

In the United Kingdom, surveys on the comparative levels of popularity of complementary and alternative health modalities report mixed conclusions. Zollman and Vickers found in an appraisal of the surveys that the most popular therapies are osteopathy, chiropractic, homoeopathy, acupuncture, and herbalism (Zollman & Vickers 1999). Aromatherapy, reflexology, and massage make it into the top five in some surveys. The British Medical Association accepts osteopathy, chiropractic, homoeopathy, acupuncture, and herbalism as "discrete clinical disciplines" which it advocates being regulated by law.
Table 3.1 Complementary and Alternative Therapies Practised in New Zealand

<table>
<thead>
<tr>
<th>Action Potential Stimulation Therapy</th>
<th>Isopathy</th>
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<tr>
<td>Acupuncture</td>
<td>Jin Shin Jyutsu</td>
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<td>Alexander Technique</td>
<td>Kinesiology</td>
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<tr>
<td>Anthroposophical Medicine</td>
<td>Maharishi's Vedic Approach to Health</td>
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<td>Applied Feng Shui</td>
<td>Kinesiology</td>
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<td>Applied Iridology</td>
<td>Maharishi's Vedic Approach to Health</td>
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<tr>
<td>Aquarian Vibration</td>
<td>(Maharishi Ayur-Veda)</td>
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<tr>
<td>Aromatherapy</td>
<td>Massage (Therapeutic and Remedial)</td>
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<td>Aura-Soma Colour Therapy</td>
<td>Medical Herbalism</td>
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<tr>
<td>Ayurveda</td>
<td>Medium / Channel /</td>
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<tr>
<td>Bach Flower Remedies</td>
<td>Intuitive Healer Medium</td>
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<td>Bio Energy Therapy</td>
<td>Natural Healing Sciences</td>
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<tr>
<td>Biological Medicine</td>
<td>Naturopathy</td>
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<tr>
<td>Body Electronics</td>
<td>Neurofeedback (EEG Biofeedback)</td>
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<tr>
<td>Bowen Therapy</td>
<td>Neuro-Linguistic Kinesiology</td>
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<tr>
<td>Caeteris Body/Mind Energy Balancing</td>
<td>Neuro-Linguistic Programming (NLP)</td>
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<tr>
<td>Chi Kung</td>
<td>Oriental Massage</td>
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<td>Chinese Herbal Medicine</td>
<td>Ortho-bionomy</td>
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<tr>
<td>Chiropractic</td>
<td>Pacific Traditional Healing modalities</td>
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<tr>
<td>Colon Hydrotherapy</td>
<td>Paramedical Aesthetics and Aesthetic Medicine</td>
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<td>Colour Therapy</td>
<td>Pilates based Body Conditioning</td>
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<td>Craniosacral Therapy</td>
<td>Primal Healing</td>
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<td>Crystal Therapy</td>
<td>Psychotherapy</td>
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<td>Dynamic Phytotherapy</td>
<td>Rebirthing</td>
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<td>Educational Kinesiology</td>
<td>Reflexology</td>
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<td>Feldenkrais</td>
<td>Reiki</td>
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<td>Flower Essence Therapy</td>
<td>Rife Therapy</td>
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<td>Gentle Therapeutic Manipulation</td>
<td>Rolfing (Structural Integration)</td>
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<td>Therapy</td>
<td>Sclerology</td>
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<td>Hellerwork</td>
<td>Shiatsu</td>
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<td>Herbal Medicine</td>
<td>Spiritual Healing</td>
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<td>Holistic Animal Therapy</td>
<td>Sports Therapy</td>
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<td>Holistic Pulsing</td>
<td>Touch For Health</td>
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<tr>
<td>Homeobotanical Therapy</td>
<td>Traditional Chinese Medicine</td>
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<tr>
<td>Homeopathy</td>
<td>Traditional Māori Medicine (including Mirimiri and Rongoā)</td>
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<td>Human Potential</td>
<td>Vegatest Method</td>
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<td>Hypnotherapy</td>
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<td>Intuitive Healing</td>
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<td>Iridology</td>
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Source: Sources include the Telecom New Zealand Yellow Pages (http://www.yellowpages.co.nz/), various newspaper and journal articles, and personal communications.
4. Complementary and Alternative Health Service Providers

4.1 The Range of Providers
Complementary and alternative health services in New Zealand are provided in a variety of settings, and by a variety of types of providers, as follows:

- It is likely that the majority of complementary and alternative health services (excluding self-prescription of products) are provided by complementary and alternative health practitioners in private practice. These practitioners are likely to have training in one or several complementary or alternative modalities. Some complementary and alternative practitioners are based in multi-disciplinary clinics that may also offer General Practitioner (GP) services. Some practitioners may operate informally out of their own homes.

- Traditional healers, such as tohunga and fofo, may provide services out of a combined practice with General Practitioners and other health professionals, out of private practices, from home, or by home visits. It is likely that most traditional healers either operate out of their own homes, by home visits, or a combination of the two.

- Some GPs provide complementary and alternative health services themselves;

- Many health food stores and pharmacists provide advice on complementary and alternative health products, such as vitamins and minerals, and herbal and homeopathic remedies.

It should be acknowledged that many people self-prescribe complementary and alternative health products, without seeing a service provider. This can be in the home, using food products for medicinal purposes, purchasing products at the supermarket such as vitamins, minerals, or herbal-based products, or purchasing products from pharmacies. Traditional knowledge that has been passed down, often through family, is also frequently used to diagnose and treat conditions.

It should also be acknowledged that some GPs refer patients to complementary and alternative practitioners for services.

4.2 Prevalence of Providers in New Zealand

4.2.1 Complementary and Alternative Practitioners
The New Zealand Charter of Health Practitioners (the Charter) estimates that there are approximately 10,000 complementary and alternative health practitioners practising in New Zealand currently. The Charter represents
approximately 8,500 practitioners. The Charter estimates that this constitutes approximately 85 percent of complementary and alternative practitioners in New Zealand.\(^8\)

In 1987, the research carried out by the Department of Health for *In Search of Wellbeing* examined the availability of different types of alternative therapies and services within the Wellington region (Leibrich et al 1987). The researchers found approximately 186 locally practicing complementary and alternative practitioners. No attempt was made to establish the total number of practitioners practising in New Zealand.

**4.2.2 Complementary and Alternative Health Services Provided by GPs**

A survey carried out by Marshall et al., and published in the *New Zealand Medical Journal* in 1990, surveyed the use of 'alternative' therapies by 700 Auckland general practitioners (Marshall et al 1990). Of the 249 respondents to the survey, 30 percent personally practised one or more forms of 'alternative' medicine. Two-thirds of respondents reported they would refer patients for alternative treatment.

A 1988 postal survey undertaken by Hadley, published in the *New Zealand Medical Journal* revealed that 24 percent of doctors had received training in 'alternative' therapies, with 54 percent wanting further training in the field. This survey found that 80 percent of doctors referred patients on to non-medically qualified alternative practitioners (Hadley 1988, cited in Cox 1998).

**4.2.3 Traditional Healers**

There is no published literature or estimates of the number of traditional healers practising in New Zealand currently available.

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\(^8\) Personal communication with Patrick Fahy, Chief Executive Officer of the New Zealand Charter of Health Practitioners, July 2001.
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<th>Region</th>
<th>Northland</th>
<th>Auckland</th>
<th>Waikato</th>
<th>Bay of Plenty</th>
<th>Taranaki</th>
<th>Hawke's Bay</th>
<th>Wellington</th>
<th>Nelson &amp; Marlborough</th>
<th>Mid Canterbury</th>
<th>Timaru/ Omaramu</th>
<th>Otago</th>
<th>Southland &amp; Stewart Island</th>
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<td>Acupuncture</td>
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<td>Holistic Pulsing</td>
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<td>Neuro Linguistic Programming</td>
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<td>Nutrition</td>
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<td>Osteopathy</td>
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<td>Rebirthing</td>
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<tr>
<td>Reflexology (&amp; Chinese)</td>
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<td>Shiatsu</td>
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<tr>
<td>Spiritual Healing</td>
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<td>Touch for Health</td>
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<tr>
<td>Traditional Maori Medicine (&amp; Mirimiri)</td>
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**Note:** Table 4.1 (above) shows the distribution of Chartered Health Practitioners registered with the New Zealand Charter of Health Practitioners, by region and modality (New Zealand Charter of Health Practitioners 2001). 'Chartered Health Practitioners' are chartered to the New Zealand Charter of Health Practitioners, meaning that they are accountable under the NZCHP's Code of Ethics and Standards of Practice.

It should be noted that the Chartered Practitioners are a subset of members of the Charter. It should also be noted that the figures in Table 4.1 may include some cross over. This means that if a practitioner practices more than one modality they will be included in the table under each modality.

Some of the Chartered Health Practitioners chose not to be listed for privacy reasons. Also, some modalities are not included as they did not fit in the table. The modalities that were omitted are: Alexander Technique, Ancient Healing Alchemy, Biochemistry, Body Electronics, Chi Kung, Colon Hydrotherapy, Colour Healing Therapy, Cranial Sacro Therapy, Gentle Therapeutic Manipulation, Ifas Electro Therapy, Isopathy, Iontherapy, Moxibustion Orthobionomy, Paramedical Aesthetics, Psychology, Rolfing Structural Integration, and Yoga Therapy. Most of these therapies had the fewer practitioners compared with the therapies included in the table.

### 4.3 Training

A variety of training institutions exist in New Zealand, providing training for a range of complementary and alternative modalities. Informal training also takes place, particularly in regard to traditional Māori healing, and Pacific traditional healing systems.

#### 4.3.1 Formal Training of Complementary and Alternative Therapies

There are a variety of training institutions in New Zealand offering courses in complementary and alternative modalities. These vary in length, from weekend courses to four-year full-time diplomas. There is a range of courses that are approved by the New Zealand Qualifications Authority, including training in natural therapies, aromatherapy, reflexology, remedial body therapies, homeopathy, acupuncture, traditional Chinese medicine. Some of these courses are distance-learning. Some of the larger institutions are based in Auckland, New Plymouth, Wellington, and Christchurch.

Most of the major training establishments are registered with the New Zealand Qualifications Authority (NZQA) as Private Training Establishments (PTE) and receive government subsidy for training. The level of fees for courses without government subsidisation vary widely.

Most courses have some component of biomedical sciences, the most common sciences being anatomy and physiology. Modules in microbiology, pathology, pharmacology, biochemistry, immunology, and behavioural neuroscience modules are offered in some courses. The size of the biomedical science component in the courses varies widely.
4.3.2 Informal Training

There is very little published literature on training of traditional healing in New Zealand, and information is difficult to access. There are no formally recognised training institutions currently providing training for traditional Māori healing or Pacific traditional healing systems.

Traditionally, training for these healing systems has been informal. Much of the learning takes place in the family context, where knowledge is passed down from one generation to another. Informal apprenticeships are also common. The passing on of knowledge about healing may not always be recognised as training for later practice by those giving or receiving the knowledge and skills. There is no formal payment protocol.

4.3.3 CAM Education in Biomedical Health Professionals’ Training

There is very little formal incorporation of education on complementary and alternative health into the training of health professionals trained in the biomedical paradigm in New Zealand. Neither of New Zealand’s two medical schools have modules for complementary and alternative health education. Seven of the fourteen nursing schools in New Zealand were investigated for the purposes of this research; of which two were found to have a formal complementary and alternative health education component. In both cases this was an elective module for students. These were the Taranaki Polytech, which offered a course in ‘Natural Therapies’, and Dunedin Polytech, which offered a course in ‘Complementary Therapies’. A small number of continuing education courses are offered on complementary and alternative health.
5. Consumers of Complementary and Alternative Health Care Services

5.1 Utilisation of Complementary and Alternative Therapies in New Zealand

The following discussion gives information on utilisation of complementary alternative health. A variety of surveys are listed. It should be noted that comparisons should not be drawn between surveys, as the questions asked in the surveys are not directly comparable. For example, the 1996/97 Health Survey cited below asks about practitioners used in the last twelve months, and divides results according to gender. The 1992/93 Health Survey however asks respondents about practitioners used in the last 4 weeks, and there is no division of the results into gender.

It should be acknowledged that some forms of surveying are unlikely to accurately represent Māori and Pacific peoples. Telephone surveys, for example, may not be representative of Māori and Pacific peoples as these groups have lower rates of telephone access in the home (Ministry of Social Policy 2001).

The 1996/97 Health Survey "Taking the Pulse" carried out by the Ministry of Health has a section on utilisation of services provided by 'other health professionals'. In this section, participants were asked if they had, in the last twelve months, seen any 'other health professionals' (Ministry of Health 1997). This group included a wide range of health professionals, including medical specialists, 'alternative therapists' and social workers. Some complementary or alternative practitioners were included in the list of options, including the following:

- a chiropractor or osteopath
- an alternative therapist such as a naturopath, homeopath, iridologist or acupuncturist
- a traditional healer such as tohunga, rongoā Māori specialist or fofo.

This survey found that 6 percent of men and 7 percent of women had used a chiropractor or osteopath in the last twelve months. For alternative therapists, the figures were 3 percent for men, and 6.5 percent for women. Use of traditional healers was 1 percent for men, and 2 percent for women. This compares with 14 percent of women and 15 percent of men that had visited a physiotherapist, and 4 percent of women and 6 percent of men who had visited a social worker, psychologist or counsellor.
Table 5.1 1996/97 New Zealand Health Survey – Use of ‘Other Health Practitioners’ in the last 12 months

<table>
<thead>
<tr>
<th>Modality</th>
<th>Male use</th>
<th>Female use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractor/Osteopath</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Alternative Therapist</td>
<td>3%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Traditional Healer</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td>Social worker/Psychologist*</td>
<td>4%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Source: Ministry of Health 1997
Note: * category is Social worker, Psychologist or Counsellor

The 1992/93 Health Survey carried out by the Ministry of Health asked also asked participants about use of other health professionals, including whether they had visited (Ministry of Health 1993):
- a chiropractor
- a naturopath or homeopath or iridologist.

The results of the survey were that 1 percent of those surveyed had seen a chiropractor in the last four weeks, and the same number had seen a naturopath, homeopath, or iridologist. This compares with 3 percent that had visited a physiotherapist, and 2 percent that had visited a social worker, psychologist, or counsellor.

Table 5.2 1992/93 New Zealand Health Survey – Use of ‘Other Health Professionals’ in the last 4 weeks

<table>
<thead>
<tr>
<th>Modality</th>
<th>Male and Female Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractor</td>
<td>1%</td>
</tr>
<tr>
<td>Naturopath/Homeopath/Iridologist</td>
<td>1%</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>3%</td>
</tr>
<tr>
<td>Social Worker/Psychologist*</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: Ministry of Health 1993
Note: * category is Social worker, Psychologist or Counsellor

In 1997 the New Zealand Consumer Institute carried out a survey of its members. Of the 8007 respondents, 4084 had tried a ‘non-conventional’ therapy (New Zealand Consumer Institute 1997). 40 percent of women had tried one of these therapies in the last year. For men the figure was 25 percent.

A 1997 New Zealand Charter of Health Practitioners survey, reported that 74 percent of New Zealand households use vitamins, minerals, amino acids, herbal remedies or other natural health products (McIver 1997).

A survey of university students carried out by Cox in 1996 revealed that 66.5 percent had claimed to use an ‘alternative health care provider’ in the last year (Cox 1998). This definition included pharmacists/chemists, and health food shop assistants.
The surveys that have been carried out on utilisation of complementary and alternative health in New Zealand do not provide sufficient information to draw conclusions on levels of use in New Zealand. However, these surveys do indicate that the use of complementary and alternative health is varies according to gender, and possibly age and social grouping as well. It is likely that culture and ethnicity will also be important factors. It is apparent that any research into use of complementary and alternative health services should have a clear definition of what constitutes a complementary and alternative service provider or complementary and alternative health service in order to generate results that will be useful.

5.2 Utilisation of Complementary and Alternative Therapies Overseas

In South Australia, a study in 1993 found that of 3004 respondents, 20 percent had visited an alternative practitioner within the last year (MacLennan et al 1996).

A postal survey in England by Thomas et al. found that 13.6 percent of respondents had visited a practitioner of one of eight named therapies in the last twelve months. The named therapies were acupuncture, chiropractic, homeopathy, medical herbalism, hypnotherapy, osteopathy, aromatherapy, and reflexology. Overall 23 percent of respondents had visited either a complementary or alternative therapist or purchased an over the counter remedy (Thomas et al, cited in House of Lords Science and Technology Committee 2000).

A national telephone survey carried out in the United States in 1997 by found that 42.1 percent had used one 16 'alternative' therapies (Eisenberg et al. 1998, cited in House of Lords Report 2000). In Europe, public opinion surveys have indicated that use of 'complementary medicine' varies in different countries from 20 percent to 49 percent of the population (Fisher & Ward 1994, cited in Dew 1998).

5.3 Profiling Users of Complementary and Alternative Therapies in New Zealand

Only one significant survey has been undertaken recently on consumers of complementary and alternative medicine in New Zealand (Milne et al 2000). A survey published in the New Zealand Medical Journal was carried out between 1998-1999 with the aim of profiling 26-year old users of unconventional practitioners. This survey found that 10 percent of participants had used an unconventional practitioner in the previous12 months. The majority (88 percent) had also used a conventional practitioner. Those using both types of practitioner were heavy

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9 The survey was carried out of 977 members of the Dunedin Multidisciplinary Health and Development Study participating in the age-26 assessment (1998-1999).
users of health services (twelve visits per year). Compared to those who used conventional practitioners exclusively, they had significantly higher incomes and were more likely to report a serious injury, a current disability, a history of back problems, and more bodily pain. The authors concluded that 26-year old New Zealand users of unconventional practitioners have a similar profile to their counterparts in other developed countries.
5.4 Users of Complementary and Alternative Therapies Overseas

In the U.K., Zollman and Vickers reported that approximately 55-60 percent of consumers of complementary and alternative health services are female (Zollman & Vickers 1999). The highest users are those aged 35-60. Children make up a relatively small proportion of users of complementary and alternative medicine. Users of complementary and alternative medicine tend to be in higher socio-economic groups and have higher levels of education than users of conventional care.

Studies in the United Kingdom have shown that people who consult complementary practitioners usually have longstanding conditions for which conventional medicine has not provided a satisfactory solution, either because it is insufficiently effective or because it causes adverse effects. They have generally already consulted a conventional healthcare practitioner for the problem, and many continue to use the two systems concurrently. Some “pick and mix” between complementary and conventional care, claiming that there are certain problems for which their general practitioner has the best approach and other for which a complementary practitioner is more appropriate (Zollman & Vickers 1999).

5.5 Conditions Complementary and Alternative Practitioners are Used to Treat in New Zealand

The 1997 survey carried out by the New Zealand Consumer Institute listed types of conditions that therapies were most commonly used to treat (New Zealand Consumer Institute 1997). The most frequent problems that acupuncture was used to treat were back pain, and neck/shoulder/arm pain, and leg/foot pain. Osteopathy was most commonly used to treat back pain, and neck/shoulder/arm pain. The most common problems that chiropractic was used to treat were also back pain, and neck/shoulder/arm pain. Naturopathy was most frequently used to treat general malaise, back pain, bowel problems, and stress/anxiety. Herbal medicine was most commonly used to treat general malaise, gynaecology/obstetrics, stress/anxiety, and allergy. The most common conditions that homeopathy was used to treat were general malaise, allergy, gynaecology/obstetrics, and stress/anxiety.
<table>
<thead>
<tr>
<th>Modality</th>
<th>Used to treat:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>Back pain, neck/shoulder/arm pain, leg/foot pain</td>
</tr>
<tr>
<td>Osteopathy</td>
<td>Back pain, neck/shoulder/arm pain</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>Back pain, neck/shoulder/arm pain</td>
</tr>
<tr>
<td>Naturopathy</td>
<td>General malaise, back pain, bowel problems, stress/anxiety</td>
</tr>
<tr>
<td>Herbal Medicine</td>
<td>General malaise, gynaecology/obstetrics, stress/anxiety, allergy</td>
</tr>
<tr>
<td>Homeopathy</td>
<td>General malaise, allergy, gynaecology/obstetrics, stress/anxiety</td>
</tr>
</tbody>
</table>

*Source: New Zealand Consumer Institute 1997*
6. Services Currently Receiving Public Funding in New Zealand

6.1 ACC Subsidies
ACC subsidises the costs of treatment for acupuncture, chiropractic, and osteopathy services provided by specified providers. Regulations stipulate that a subsidy of $19 per treatment is paid by ACC on any treatment provided to someone who is insured (covered by the Accident Insurance Act 1998). The patient/consumer pays the remainder, the amount of which varies according to the price set by the treatment provider.

As chiropractic is regulated by statute, chiropractors must hold a current annual practising certificate issued by the Chiropractic Board. Osteopathy and acupuncture are not regulated by statute, and as such, the Accident Insurance Act 1998, stipulates that only treatment provided by osteopaths that are members of the New Zealand Register of Osteopaths Incorporated, and acupuncturists who are members of the New Zealand Register of Acupuncturists Incorporated will receive subsidy.

6.2 Traditional Māori Healing Services
The Ministry has contracted around where Maori Development Organisations (MDO5) are established. There are currently contracts in Christchurch, Nelson/Marlborough, Wellington, Hastings, Tai Rawhiti, Bay of Plenty, Hamilton and Auckland.

Some of the services provided are free and some incur a charge. Fees are set at the discretion of the service provider, and these vary accordingly.

These services are currently under review. This is due to be completed before the end of this year.

6.3 Work and Income New Zealand
Work and Income New Zealand have a policy of paying a Disability Allowance for fees for alternative treatment needed by a person because of their disability.\(^{10}\)

The treatment must be provided by a registered health professional, for example:

- a chiropractor

\(^{10}\) http://www.winz.govt.nz/manuals_and_procedures/income_support/extra_help/disability_allowance/index.htm
• an osteopath
• a medical practitioner who practices homoeopathy
• a medical practitioner who practices acupuncture or
• a physiotherapist who practices acupuncture.

Disability Allowance is not paid for:

• alternative treatment that is not provided or supervised by a registered
  health professional
• alternative treatments such as iridology, reiki, faith healing, crystal
  healing provided by people who are not registered health professionals.

The cost of vitamins, supplements, herbal remedies and minerals can be
included in Disability Allowance if verification is provided by the doctor that:

• there are no alternative subsidised or partly subsidised pharmaceutical
  medical products which may be adequate to treat the disability
• the doctor has applied to the District Health Board for a subsidy or
  increased subsidy and
• the unsubsidised treatment is essential for the treatment of the
  person's disability.
7. Regulation

7.1 Statutory Regulation
There are a variety of legislative provisions and policies that impact on the practice and products of complementary and alternative medicine. Currently, there is no specific legislation regulating complementary and alternative practitioners, with the exception of chiropractors (see the Chiropractors Act 1982). However, there are a variety of regulatory provisions that impact on the practice of complementary and alternative health practitioners. Complementary and alternative health products are currently regulated by an array of legislation. Different complementary and alternative health products can be defined as medicines, dietary supplements or food, and are regulated accordingly. The determination as to which category they come into may depend on the product or the desire of the manufacturer.

7.1.1 Regulation of Practitioners
The following legislation and policies impact on the practice of complementary and alternative health practitioners: the Chiropractors Act 1992, the Fair Trading Act 1996, the Medical Practitioners Act 1995, the Medicines Act 1981, the Health and Disability Commissioner Act 1994 and the Code of Health and Disability Consumers’ Rights. Standards for Traditional Māori Healing is a standards publication that has been specifically developed for traditional Māori healers.

7.1.2 Regulation of Products
Complementary and alternative health products are currently regulated by the following legislation and policies: the Consumer Guarantees Act 1993, the Fair Trading Act 1986, the Food Act 1981, the Food Regulations 1984, the Dietary Supplements Regulations 1985, the Australia New Zealand Food Standards, the Medicines Act 1981, and the New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods. Specific to products of traditional Māori healers is the Standards for Traditional Māori Healing.

Most complementary and alternative medicines are currently marketed as dietary supplements. There is no pre-market approval process for dietary supplements in New Zealand, and therefore no assessment of the inherent safety of their ingredients before they go on the market, and no adequate controls on the quality of the ingredients or the manufacturing process. There is no effective mechanism for problems relating to the safety or quality of products to be detected until the product is on the market. Problems are only identified and products removed from the market after consumers have suffered harm (e.g. from a toxic or contaminated ingredient.)

Because dietary supplements are foods, it is illegal for them to be marketed with any therapeutic claims. In order to be permitted to make therapeutic claims, products would be required to go through the medicines assessment and approval process. It is unlikely that most complementary and alternative
medicines would succeed in this process due to the stringent level of evidence required by this process.

7.1.3 Current New Zealand Legislation and Policies

**Chiropractors Act 1982** (Practitioners)
The purpose of this Act is to "provide for the registration and discipline of chiropractors".

**Consumer Guarantees Act 1993** (Products)
The purpose of the Consumer Guarantees Act 1993 is to "amend the law relating to:
(a) The guarantees given, or deemed to be given, to consumers upon the supply of goods or services; and
(b) The rights of redress against suppliers and manufacturers in respect of any failure of goods or services to comply with any such guarantees"

Section 6 Guarantee as to acceptable quality (reference to safety)
Section 7 Meaning of "acceptable quality"
Section 8 Guarantees as to fitness for particular purpose
Section 9 Guarantee that goods comply with description

**Fair Trading Act 1986** (Practitioners & Products)
The main purposes of this Act are to prohibit certain conduct and practices in trade and to provide for the disclosure of consumer information relating to the supply of goods and services and to promote product safety.

The following sections of the Fair Trading Act 1986 are pertinent to complementary and alternative health:
Section 9 Misleading and deceptive conduct generally
Section 10 Misleading conduct in relation to goods
Section 11 Misleading conduct in relation to services
Section 13 False representations

**Food Act 1981** (Products)
The Food Act 1981 was enacted in order to "consolidate and amend the law relating to the sale of food". The definition of food is such that it would include some complementary and alternative health products. Food is defined in the Act as "anything that is used or represented for use as food or drink for human beings; and includes:
(a) Any ingredient or nutrient or other constituent of any food or drink, whether that ingredient or nutrient or other constituent is consumed or represented for consumption by human beings by itself or when used in the preparation of or mixed with or added to any food or drink; and
(b) Anything that is or is intended to be mixed with or added to any food or drink; and
(c) Chewing gum, and any ingredient of chewing gum, and anything that is or is intended to be mixed with or added to chewing gum.”

The following sections of this Act are particularly pertinent to complementary and alternative products:
Section 9 General prohibition on sales
Section 10 Misleading labelling and packaging
Section 11 Restrictions on advertising

Regulations made under the Food Act 1981 include:

- **Food Regulations 1984**
  Regulations have been made under section 42 of the Food Act 1981, for a variety of purposes. The Food Regulations 1984 establishes general labelling requirements for food, general standards for vitamins and minerals. They also establish specific standards and labelling requirements for different food groups. These regulations also cover food additives, and protection and safety of food.

- **Dietary Supplements Regulations 1985**
  These regulations were made pursuant to section 42 of the Food Act 1981. These regulations establish general requirements, such as maximum daily doses and therapeutic claims. They also establish specific requirements regarding, for example, tableting aids and preservatives.

Many complementary and alternative health products are deemed to come under the definition of dietary supplements. The definition of dietary supplement given in these regulations is as follows: "any amino acids, edible substances, foodstuffs, herbs, minerals, synthetic nutrients, and vitamins sold singly or in mixtures in controlled dosage forms as cachets, capsules, liquids, lozenges, pastilles, powders, or tablets, which are intended to supplement the intake of those substances normally derived from food"

- **Australia New Zealand Food Standards**
  A cooperative arrangement has recently been developed between New Zealand and Australia to develop and implement uniform food standards. These standards will have the force of law, however they are currently still being phased in. The new joint Australia New Zealand Food Standards Code (joint Code) was gazetted on 20 December 2000. There is a two year transitional period where businesses can comply with either the joint Code or the Australian Food Standards Code (AFSC) in Australia, or the New Zealand Food Regulations 1984 (NZFR) in New Zealand. After the two-year transitional period the AFSC and the NZFR will be repealed leaving the joint Code as a common set of food regulations in Australia and New Zealand.

The Food Standards Code is a collection of individual food standards. Chapter 1 deals with standards which apply to all foods, however, New Zealand regulates its own Maximum Residue Limits (MRLs) for food,
and Standard 1.4.2 regulates MRLs in Australia only. Chapter 2 deals with standards affecting particular classes of foods. Chapter 3 deals with food hygiene issues in Australia. New Zealand has its own food hygiene arrangements, and food hygiene is not part of the joint food standards system.

**Health and Disability Commissioner Act 1994**

The purpose of this Act is to "promote the rights of health and disability consumers, and, in particular,---

(a) To secure the fair, simple, speedy, and efficient resolution of complaints relating to infringements of those rights; and
(b) To provide for the appointment of a Health and Disability Commissioner to investigate complaints against persons or bodies who provide health care or disability services; and to define the Commissioner's functions and powers; and
(c) To provide for the establishment of a Health and Disability Service Consumer Advocacy Service; and
(d) To provide for the promulgation of a Code of Health and Disability Services Consumers' Rights; and
(e) To provide for matters incidental thereto"

**Medical Practitioners Act 1995**

The purpose of this Act is to "consolidate and amend the law relating to medical practitioners, and in particular:

(a) To impose various restrictions on the practice of medicine; and
(b) To provide for the registration of medical practitioners, and the issue of annual practising certificates; and
(c) To provide for the review of the competence of medical practitioners to practice medicine; and
(d) To provide for the notification of any mental or physical condition affecting the fitness of a medical practitioner to practise medicine; and
(e) To provide for the disciplining of medical practitioners; and
(f) To provide for matters incidental thereto"

This Act is pertinent to the area of complementary and alternative in how it deals with registered medical practitioners who practise complementary and alternative therapies.

Section 109 of the Act addresses grounds on which medical practitioner can be disciplined. The section states "no person shall be found guilty of a disciplinary offence under this part of the Act merely because that person has adopted and practised any theory of medicine or healing, if in doing so the person has acted honestly and in good faith."

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11 Refer to page 32 for discussion of the Code of Health and Disability Consumers' Rights
Medicines Act 1981 (Practitioners & Products)
The purpose of the Medicines Act 1981 is to "consolidate and amend the law relating to the manufacture, sale, and supply of medicines, medical devices, and related products".

The Medicines Act 1981 is broadly relevant to complementary and alternative health. In the Act the terms 'medicine' and 'therapeutic purpose' are defined. Part II discusses dealings with medicines and medical devices. Sections state that manufacturers, wholesalers, and packers of medicines are to be licensed. It discusses the sale of medicines by retail. There are some exemptions that allow natural therapists to provide medicines to individuals, and in respect of herbal remedies administered to particular individuals. There is a section regarding quality and standards for medicines and medical devices. There is also a section on medical advertisements.

The following sections are particularly pertinent to complementary and alternative health:
Section 2 Interpretation (defines "herbal remedy")
Section 3 Meaning of "medicine"
Section 4 Meaning of "therapeutic purpose"
Section 28 Exemptions in respect of herbal remedies
Section 32 Exemptions for natural therapists and others

"Herbal remedy" is defined in Section 2 the Act as "a medicine (not being or containing a prescription medicine, or a restricted medicine, or a pharmacy-only medicine) consisting of---
   (a) Any substance produced by subjecting a plant to drying, crushing, or any other similar process; or
   (b) A mixture comprising 2 or more such substances only; or
   (c) A mixture comprising 1 or more such substances with water or ethyl alcohol or any inert substance"

"Medicine" is defined in Section 3 of the Act as "any substance or article, other than a medical device, that is manufactured, imported, sold, or supplied wholly or principally---
   (a) For administering to one or more human beings for a therapeutic purpose; or
   (b) For use as an ingredient in the preparation of any substance or article that is to be administered to one or more human beings for a therapeutic purpose, where it is so used---
      (i) In a pharmacy or a hospital;
      (ii) By a practitioner;
      (iii) In the course of any business that consists of or includes the retail sale, or the supply in circumstances corresponding to retail sale, of herbal remedies;
   (c) For use as a pregnancy test."
New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods

This code provides standards for the manufacture of pharmaceutical products, the manufacture of blood and blood products, compounding and dispensing generally, and specifically, compounding and dispensing of pharmaceutical products, wholesaling of medicines and medical devices, and uniform recall procedure for medicines and medical devices.

Standards for Traditional Māori Healing

These non-binding national standards were developed by the Ministry of Health with support from Ngā Ringa Whakahaere o Te Iwi Māori (the National Body of Traditional Māori Healers) and the Health Funding Authority (HFA) (Ministry of Health 1999).

They include standards of practice for Tohunga Puna Ora\textsuperscript{12}, referrals, records, Māuiui\textsuperscript{13} rights and responsibilities, protection of Rongoā\textsuperscript{14}, standards for Rongoā, and application of the Medicines Act 1991 to the preparation, dispensing and labelling of Rongoā.

The Code of Health and Disability Consumers’ Rights

The code confers a number of rights on all consumers of health and disability services in New Zealand and places corresponding obligations on providers of those services. The code covers all registered health professionals, and brings a level of accountability to all those who might be considered outside the mainstream of medical practice, for example naturopaths, homeopaths and acupuncturists. Under the Code, it is the duty and obligation of providers to comply with the Code, to ensure they promote awareness of it to consumers and enable consumers to exercise their rights.

The ten rights of consumers and duties of providers are as follows:

\begin{itemize}
  \item Right 1: The right to be treated with respect
  \item Right 2: The right to freedom from discrimination, coercion, harassment, and exploitation
  \item Right 3: The right to dignity and independence
  \item Right 4: The right to services of an appropriate standard
  \item Right 5: The right to effective communication
  \item Right 6: The right to be fully informed
  \item Right 7: The right to make an informed choice and give informed consent
  \item Right 8: The right to support
  \item Right 9: Rights in respect of teaching or research
  \item Right 10: The right to complain
\end{itemize}

\textsuperscript{12} Tohunga Puna Ora is translated as Traditional Māori Healing Practitioners

\textsuperscript{13} Māuiui is translated as persons who are sick or experience ill health, a patient

\textsuperscript{14} Rongoā is translated as Traditional Māori Healing practices, including medicines or remedies.
7.1.4 Legislation and Policy in Development in New Zealand
There are new policies and legislation currently being developed that will impact on the regulatory environment for this sector. Under the proposed Health Professionals' Competency Assurance Bill, it is planned that osteopaths will also become regulated. There will also be structures in place to allow for further professions to be regulated in future. There is also a proposal for a Trans-Tasman Joint Therapeutics Agency currently being developed, which would regulate health products in New Zealand and Australia. These proposals are discussed in greater depth below.

Health Practitioners Competency Assurance Bill (HPCA)
The purpose of this Bill is to protect the health and safety of the public by establishing processes to ensure that regulated health professionals are competent to practise. (Cabinet Committee Paper EHC (01) 16 refers, and associated minute EHC Minute EHC Mm (01) 4/1)

It is proposed that the Health Professionals' Competency Assurance Bill (HPCA) replace the current eleven health occupational regulatory statutes. The reasoning for this is that most of the current statutes are old, prescriptive and unable to accommodate changes in technology and health professional roles in a changing health sector. The proposed legislation is intended to provide a framework to give registering authorities more flexibility in their registration processes, but, at the same time, include adequate controls to ensure that they cannot operate restrictive practices.

As a single overarching Act, containing a framework for the governance and functions of registering authorities, the HPCA is intended ensure consistency between the professions. It is also intended to enable some currently unregulated professions, for example, osteopaths, to be regulated in the future without the need for separate Acts. It would also be possible to add new professions by Order in Council.

The proposed Bill would:
- establish the framework for the regulation of health professionals where there is a risk of harm to the public
- establish registering authorities for each profession
- empower the Minister of Health to appoint members of registering authorities and audit their processes to minimise their ability to operate restrictive practices.
- establish the functions of registering authorities
- empower registering authorities to:
  (a) assess the qualifications and experience of practitioners and register them in an appropriate scope of practice
(b) review the ongoing competence of practitioners and require them to participate in competence improvement programmes if necessary

(c) certify that practitioners are competent to practice

(d) suspend practitioners if there is a risk of harm to the public

(e) include a list of licensed tasks which can be practised only by practitioners who are certified as being qualified and competent to do so

(f) provide for declared quality assurance activities to improve the practice or competence of health professionals

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**Estimated Timeline for the Health Professionals’ Competency Assurance Bill**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draft legislation</td>
<td>By early October 2001</td>
</tr>
<tr>
<td>Cabinet approval to draft</td>
<td>By early November 2001</td>
</tr>
<tr>
<td>Introduction to the House of Representatives</td>
<td>Before end of November 2001</td>
</tr>
<tr>
<td>Referral to Select Committee</td>
<td>2002</td>
</tr>
</tbody>
</table>

**Trans-Tasman Joint Agency**

A proposal for a Trans-Tasman Joint Agency is currently being developed by Medsafe in the Ministry of Health. The proposal is currently in its consultation phase.

The proposed Joint Agency with Australia would:
- perform the full range of regulatory activities;
- regulate medicines, medical devices and complementary healthcare products;
- replace Medsafe and the Australian Therapeutic Goods Administration;
- operate under new legislation and a Treaty.

It is proposed that it would also:
- be consistent with broader CER objectives;
- facilitate Trans-Tasman trade;
- resolve the current exemption from the Trans-Tasman Mutual Recognition Agreement;
- enhance and sustain regulatory capacity;
- potentially reduce compliance costs to industry;
- maintain New Zealand’s involvement in risk-benefit assessment;
- increase influence in global regulatory standard setting.

### Estimated Timeline for the Trans-Tasman Joint Agency

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2001</td>
</tr>
<tr>
<td>Scope, extent and form of regulation</td>
<td>Feb 2002</td>
</tr>
<tr>
<td>Publish discussion paper</td>
<td>June 2002</td>
</tr>
<tr>
<td>Obtain policy approval</td>
<td>▼</td>
</tr>
<tr>
<td>Enabling Treaty</td>
<td>Aug 2002</td>
</tr>
<tr>
<td>Draft legislation</td>
<td>May 2003</td>
</tr>
<tr>
<td>Passage of new legislation</td>
<td>▼</td>
</tr>
<tr>
<td>Harmonisation of activities</td>
<td>Late 2003/2004</td>
</tr>
<tr>
<td>“Go live”</td>
<td></td>
</tr>
</tbody>
</table>

### 7.2 Self Regulation

Currently only chiropractic is regulated by legislation. Osteopathy is also likely to become regulated under the Health Professionals’ Competency Assurance Bill. While the rest of the complementary and alternative modalities are not currently regulated by statute, self-regulation protocols have been put in place
by some professional organisations representing complementary and alternative modalities.

The organisations discussed here represent a range of complementary and alternative modalities. Many professional organisations exist that represent just one modality, some of which will not come under either of the umbrella organisations discussed below. It is difficult, however, to find information on these organisations, as they tend not to have websites, and are not easily accessible.

7.2.1 New Zealand Charter of Health Practitioners

The largest organisation in New Zealand representing complementary and alternative practitioners is the Charter (see Chapter 4 Complementary and Alternative Health Practitioners, and Chapter 10 Professional Bodies in New Zealand). The Charter has a comprehensive self-regulation protocol (New Zealand Charter of Health Practitioners 2001). There are approximately 68 professional organisations affiliated with the Charter ("Affiliated Signatories"). Members of the Affiliated Signatories are eligible to become Chartered Health Practitioners provided they meet the level of competency required by the Governing Councils, and authorised by the Presidential Boards of the Traditional Māori Medicine, Traditional Chinese Medicine, Natural Medicine, and Natural Therapies modalities.

The Charter has a Code of Ethics and standards of practice. A Standards of Practice and Ethics Committee evaluates any breaches of professional conduct of Chartered Health Practitioners.

7.2.2 The New Zealand Register of Complementary Health Professionals

The New Zealand Register of Complementary Health Professionals (NZRCHP) is an institution "formed by its member practitioners to ensure that members are well qualified to assist people with health and life problems within the avenues of their discipline"\(^{15}\). It advertises the practitioners listed in its directory as being recognised as having trained and qualified in their particular healing discipline and abiding by the code of ethics of their practice.

However, the registration facility operated by NZRCHP does not have a code of ethics, or standards of practice. It describes the facility as an "honesty system". It states that "it is taken that members will adhere to the ethics of their particular discipline". There is no disciplinary system for this body.

\(^{15}\) http://www.healthnz.net.nz/nzregister/
7.3 The Ministry of Health's Position on Regulation of Complementary and Alternative Health

7.3.1 Regulation of practitioners

The Ministry of Health's position with regard to complementary and alternative health practitioners has been to retain freedom of choice for complementary and alternative health consumers. With the exception of chiropractors, complementary and alternative practitioners are not currently required to register, nor are restrictions placed on who can practice. Currently, there are a variety of pieces of legislation and policies that impact on the practice of complementary and alternative health practitioners. These include the Fair Trading Act, the Medicines Act, the Medical Practitioners Act, and the Code of Health and Disability Consumers' Rights. Standards for Traditional Māori Healing have also been developed specifically for Traditional Māori Healers. (See 6.1 Regulation of Practitioners)

Under the Health Professionals' Competency Assurance Bill currently being developed, the Medical Practitioners' Act, the Chiropractors' Act and nine other statutes regulating health professionals will be repealed. Osteopaths will become regulated under this Bill. It is possible that at some stage acupuncturists will come under this Bill as well. The Bill contains provision for other professions to be added. The position of the Minister of Health is that professions should be regulated where a risk of public harm exists in not being regulated.

7.3.2 Regulation of products

The Ministry of Health's position with regard to complementary and alternative health products has also been to retain freedom of choice for complementary and alternative health consumers. Complementary and alternative health products are currently governed by the following: the Consumer Guarantees Act, the Fair Trading Act, the Food Act, the Medicines Act, and the New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods. Standards for Traditional Māori Healing also provide standards for the products of Traditional Māori Healers.

Currently there are concerns with the current regulatory framework, due to the lack of mechanisms for detecting problems with the safety or quality of products, and the issues around the making of therapeutic claims (see 6.2 Regulation of Products.)

The regulation of therapeutics in New Zealand is currently being reviewed. A proposal is being developed for a Trans Tasman Joint Agency for Therapeutics (See 6.3.2 Trans Tasman Joint Agency). One of the key principles of the regulatory framework for the Joint Agency will be to apply a risk management approach to the regulation of all products for therapeutic use. It is intended that such an agency would enhance and sustain regulatory
capacity for therapeutics, and reduce compliance costs to industry. This proposal is currently in its consultation phase.
8. Research in New Zealand

Very little research has been published in New Zealand on the safety or efficacy of complementary and alternative therapies. No quantitative research has been published in New Zealand, nor does it appear that any large-scale studies have been carried out.

There was a spate of small-scale studies done between 1987 and 1990 on osteopathy. These were qualitative studies, carried out in survey form. Many of these studies were published in *The Journal of the New Zealand Register of Osteopaths*. Other small-scale surveys have also been carried out post-graduate university students.

There is however a great deal of anecdotal evidence regarding the safety and efficacy of complementary and alternative therapies. There are also many unpublished case studies collected by practitioners supporting the efficacy of various therapies.
9. Costs

9.1 Expenditure in New Zealand
No attempt has been made to estimate the amount of money spent in New Zealand on complementary and alternative health.

Cox found in a survey of students that the cost involved in the purchase of supplements by individual students per month was approximately NZ$13.00, and extrapolated that an annual figure would be approximately NZ$157 (Cox 1998).

9.2 Expenditure Overseas
Research has been carried out in Australia to estimate expenditure on complementary and alternative health. In 1996 results of a survey indicated that the Australian public spent approximately A$621 million on complementary and alternative medicines, and A$309 million on complementary and alternative practitioners in the year 1993. This compares with A$360 out-of-pocket contributions to pharmaceuticals in 1992/93 (MacLennan et al 1996, cited in Cox 1998).

It has been estimated by Thomas et al. that in England in 1999 £450 million worth of out-of-pocket expenditure was used on acupuncture, chiropractic, homeopathy, medical herbalism, hypnotherapy, and osteopathy. It is reported that retail sales of complementary medicine (herbals, homeopathic preparations and aromatherapy essential oils) totalled £93 million in 1998 (Thomas et al. (Date not given), cited in House of Lords Report 2000).

In the United States, it has been estimated that in 1997, US$27 billion was out-of-pocket expenditure was used on 'alternative therapies' (Eisenberg et al. 1998, cited in House of Lords Report 2000).16

10. Professional Bodies in New Zealand

A list of professional bodies representing complementary and alternative health modalities in New Zealand is given below. The majority of these bodies are affiliate members of the New Zealand Charter of Health Practitioners (the Charter). The Charter was formed in 1993 to represent the variety of complementary and alternative modalities in New Zealand. In 2001, there are 68 professional bodies affiliated to the Charter (NZCHP 2001). The Charter estimates that this figure represents approximately 75 percent of all professional bodies representing complementary and alternative modalities in New Zealand.17

Due to the wide range of modalities of complementary and alternative health in New Zealand, there is a correspondingly wide range of professional bodies representing these practitioners. In some cases, there is more than one body representing a modality. For example, the modality of acupuncture has several bodies representing acupuncturists, including the New Zealand Register of Acupuncturists, the Medical Acupuncture Society of New Zealand, and the New Zealand Chinese Acupuncture Association and Register Incorporated. Some of these organisations advertise in telephone directories and magazines, however some are difficult to find, apart from by word of mouth. For these reasons, it will be difficult to develop a comprehensive list of professional bodies representing complementary and alternative modalities in New Zealand.

Professional Bodies Affiliated to the Charter

Accredited School of Massage Association New Zealand Inc
Applied Feng Shui Association of Queensland Inc
Association of Schools of Natural Health and Healing
Association of Natural Therapies Inc
Association of New Zealand Ortho-Bionomists Inc
Aura-Soma Society of New Zealand
Australasian Ayurvedic Practitioners Association Inc
Australasian Chiropractic Society Inc
Bill Clayton Clinic Incorporated
Bio-Energy Research Society Inc
Body Electronic Institute of New Zealand Inc
Body Mind Educators Inc
Caeteris Health Inc
Educational Kinesiology (Edu-K) Network of New Zealand Inc
Flower Essences New Zealand Incorporated
Hellerwork Association of New Zealand Inc
Holistic Massage Association Inc
Holistic Pulsing Guild New Zealand Inc

17 Personal communication with Patrick Fahy, Chief Executive Officer of the New Zealand Charter of Health Practitioners, July 2001.
Homoeobotanical Institute Inc
IFAS Therapists Association of NZ Inc
International Association for Colon Hydrotherapy Inc
International Sociaum of Paramedical Aesthetics Inc
International Research into Iridology and Sclerology Inc
Kinesiology Practitioners Accreditation Board Inc
Lotus Yoga Centre and Retreat Inc
Maharishi Foundation of New Zealand Inc
Massage Institute of New Zealand Inc
National Federation of Spiritual Healers New Zealand Inc
National Osteopathic Research Association Incorporated
Natural Healing Research Institute Inc
Neuro Linguistic Kinesiology New Zealand Inc
New Zealand Association of Jin Shin Jyutsu Inc
New Zealand Association of Medical Herbalists Inc
New Zealand Association of Neuro Linguistic Programming Inc
New Zealand Association of Rebirthers Inc
New Zealand Association of Therapeutic Massage Practitioners Inc
New Zealand Bowen Therapy Inc
New Zealand Chi Kung Chinese Medicine Association Inc
New Zealand Council of Homoeopaths Inc
New Zealand Federation of Chinese Medical Science Inc
New Zealand Feldenkrais Guild Inc
New Zealand Guild of Hypnotherapists Inc
New Zealand Healing Association Inc
New Zealand Holistic Animal Therapists Association
New Zealand Hypnotherapists Association Inc
New Zealand Institute of Acupuncture Inc
New Zealand Institute of Isopathic Medicine Inc
New Zealand Institute of Natural Body Masseurs Inc
New Zealand Institute of Reflexologists Inc
New Zealand Natural Health Practitioners Accreditation Board Inc
New Zealand Natural Medicine Association Inc
New Zealand Primal Healing Institute Inc
New Zealand Reflexology Association Inc
New Zealand Register of Acupuncturists Inc
New Zealand Register of Drugless Therapists Inc
New Zealand Register of Holistic Aromatherapists Inc
New Zealand Register of Homoeopaths Inc
New Zealand Society of Clinical & Applied Hypnotherapy Inc
New Zealand Society of G T M Therapists Inc
Psychotherapy and Hypnotherapy Institute of New Zealand Inc
Reiki New Zealand Inc
Shiatsu Practitioners Association of Aotearoa New Zealand Inc
Society of Natural Therapists and Researchers Inc (NZ)
Society of Naturopaths Inc
South Pacific Association of Natural Therapists Inc
Te Ropu Awhina O Ahumairangi Inc
Touch for Health Association of New Zealand Inc
Professional Bodies Not Affiliated to the Charter

Chiropractic Board
Independent Reiki Teachers and Practitioners
International Society for Osteopathic Practice
Medical Acupuncture Society of New Zealand
New Zealand Acupuncture Standards Authority
New Zealand Association of Traditional Chinese Medicine Inc
New Zealand Chinese Acupuncture Association
New Zealand Chinese Acupuncture Association and Register Incorporated
New Zealand Chiropractors' Association
New Zealand Homeopathic Society Inc
New Zealand Massage Institute
New Zealand Osteopathic Association
New Zealand Register of Osteopaths Inc
Appendix I

Terms of Reference for the Ministerial Advisory Committee on Complementary and Alternative Health

The key tasks for the Committee are:

(a) to provide information and advice to the Minister on complementary and alternative healthcare

(b) to provide advice on how complementary and alternative healthcare can improve outcomes in the priority areas signalled in the New Zealand Health Strategy

(c) to provide advice on the need, or otherwise, to regulate complementary and alternative healthcare practitioners in order to protect consumers who use complementary and alternative healthcare

(d) to provide advice on consumer information needs and, in particular, advice on the benefits, risks and costs of complementary and alternative therapies

(e) to review overseas evidence-based research, identify priorities for the development of New Zealand evidence-based research on the safety and efficacy of specific complementary and alternative therapies and support the development of guidelines

(f) to provide advice on whether, and how, specified complementary and alternative health practitioners should be integrated into the mainstream system.
Appendix II  Membership of the Ministerial Advisory Committee on Complementary and Alternative Health

Prof Peggy Koopman-Boyden (Chair)

Mr David Holden

Dr Rhys Jones

Ms Melva Martin

Mr James McNeill

Ms Janine Randle

Dr Debbie Ryan

Ms Marilyn Wright
Appendix III Dictionary Definition of Terms

Allopathy
the treatment of disease by conventional means, i.e. with drugs having opposite effects to the symptoms (cf. homoeopathy).

Alternative (p32)
1. (of one or more things) available or usable instead of another (an alternative route). Use with reference to more than two options (e.g. many alternative methods) is common, and acceptable.
2. (of two things) mutually exclusive
3. of or relating to practices that offer a substitute for the conventional ones (alternative medicine, alternative theatre)

~n.
1. any of two or more possibilities.
2. the freedom or opportunity to choose between two or more things (I had no alternative but to go).

Complementary
1. completing, forming a complement
2. (of two or more things) complementing each other

Natural
1. a. existing in or caused by nature; not artificial (natural landscape)
   b. uncultivated; wild (existing in its natural state)
2. in the course of nature; not exceptional or miraculous…

Medicine
1. the science or practice of the diagnosis, treatment, and prevention of disease, esp. as distinct from surgical methods.
2. any drug or preparation used for the treatment or prevention of disease, esp. one taken by mouth.
3. a spell, charm, or fetish which is thought to cure afflictions

Therapy
1. the treatment of physical or mental disorders, other than by surgery.
2. a particular type of such treatment

Appendix IV  Overview of Modalities Practiced in New Zealand

Note: An asterisk indicates that the section has been sourced from the New Zealand Charter of Health Practitioners 2001 Practitioner Directory (2001).

Alexander Technique* is a method of psychophysical re-education, aiming to increase proprioceptive awareness, reduce unnecessary tension and improve postural behaviour. Alexander teachers use voice and hands to raise awareness, to teach inhibition of inappropriate patterns of reaction, and to encourage optimal lengthening of the body. Because this is an educational method, there is no diagnosis or treatment or gross manipulation.

Applied Feng Shui* In the tradition of classical Chinese medicine, Feng Shui is known as one of the eight limbs. This is why it is associated with health care, as well as environment. The approach is holistic. The strategy is ancient. The plan of execution is universal, effective and contemporary. In fact, the practice of Feng Shui makes use of a diagnostic tool called the ‘universal template’ (Ba Gua). The correct application of this template can indeed transform both internal and external environments; the inner and the outer. Applied Feng Shui is therefore a powerful resource kit that encourages integration, recovers what has been lost and restores what is not whole.

Applied Iridology* is the application of how to treat signs, markings and lines that appear in the irises of the eyes in Iridology. The treatment side is stressed in Applied Iridology, whereas conventional Iridology simply evaluates and analyses the imbalances or weaknesses and measures the strengths revealed in the main constitutional types of eyes.

Aquarian Healing treats your body like a computer and re-programmes it. Aquarian Healing sources the initial cause of any disease and clears the emotion which caused the imbalance. Using the body as a bio-computer, it is accessed by muscle testing or with the use of a pendulum. Aquarian healing combines the energies of other modalities, such as reiki, acupuncture and Touch for Health, and speeds up the corrections.  

Aromatherapy* is the holistic use of essential oils to improve physical and emotional well being. Each essential oil, extracted from different parts of certain plants, has unique therapeutic properties, which can improve health and prevent illness. These natural concentrates are easily absorbed through the skin, either by massage, baths or inhalation, and work both physically and psychologically. While many essential oils can be used safely by anybody, there are some for which the guidance of a skilled Aromatherapist is preferable, and a personal combination can be blended to suit particular circumstances.

18 http://www.nzhealth.net.nz/aquarian/treatment.html
Aura-Soma Colour Therapy* promotes physical, emotional, mental and spiritual well being throughout a self-selection process from one hundred equilibrium bottles. Each of these bottles hold a unique blend of flower, herb and crystal essences, which give us a conscious awareness of the needs of our being at this point in our process of soul awakening. Aura-Soma gives us the opportunity to contact the 'Greatest Guide within' to allow a deeper understanding of self on every level of consciousness.

Ayurveda* Ayurveda is a Sanskrit word derived from two words Ayur meaning "life" and Veda meaning "knowledge". It is an ancient art of healing which has been practiced continuously throughout India for at least the past 5,000 years. It is recognized as a holistic healthcare system by the World Health Organisation. Ayurvedic science, although ancient is extremely relevant to today’s medical needs. The principles of many natural healing systems now familiar in the western world, such as Chinese medicine, Homoeopathy, Tibetan healing and Yoga, have their roots in Ayurveda.

Bach Flower Remedies Dr. Edward Bach, a qualified and practicing doctor, pathologist and bacteriologist, came to the conclusion that "the personality of the individual was of more importance then the body in the treatment of disease". According to Dr. Bach's philosophy, physical illnesses are merely a reflection of an unhealthy mental state. Over six years, towards the end of his life, he scoured the countryside and private gardens in search of healing agents that would remove negative emotions and attitudes, thereby enabling the body to restore itself to health, happiness and wellbeing. He discovered 38 herbal remedies to cover every negative state of the mind. In "The Twelve Healers and Other Remedies", Dr. Bach divided the negative states of mind into seven groups to help diagnosis and remedy selection. Dr. Bach's divisions have since been rearranged into five categories.¹⁹

Bio Energy Therapy* uses modern sophisticated instrumentation to measure the energy of the body and then attempt to correct any deviations from normal values by using one or more of the following methods: 1) Modification of the body's own energy by amplification of normal energy and/or inversion of any disharmonic energy. 2) Using complex homoeopathic remedies to restore any deficiencies in the body. 3) Using sources of natural occurring energies such as light, colour, magnetism, sound.

Biological Medicine* is a direct translation of the German term for complementary and alternative medicine. In Great Britain it refers to doctors and paramedics who are trained in both orthodox and complementary medicine, and combine them to provide a more eclectic, holistic range of treatment which can include herbs, homoeopathy and acupuncture. Emphasis is placed on the removal of toxic waste products from the body as these are considered a major cause of disease. Voll and Vega machines, which measure organ vitality, are sensitive diagnostic tools, and may be backed up by standard laboratory tests.

¹⁹ http://homepages.ihug.co.nz/~ashok/akbach.htm
Body Electronics* is a modality that follows the Laws of Love, Light and Perfection, whereby certain Universal Spiritual Principals are 'encompassed' into one's life together with the use of Iridology/Sclerology Integrated Analysis (to determine the strengths and weaknesses of organs etc in the body) which shows one what type of Nutritional Supplementation and/or dietary changes may be needed. This all comes together to provide the nutrients, attitude and understanding with a technique of 'Point Holding' to return nerve supply and circulation to injured and traumatised areas of the body whereby through the 'Kundalini Fire Of 'Transmutation' a regeneration occurs and one may gain 'well being' and 'spiritual growth'.

Bowen Therapy* is a soft tissue, non-invasive, remedial therapy that resets the body to heal itself. Exact moves applied disturb the fascia, stimulating the body with negative or positive signals which can be directed to address sport or work related injuries and every system of the body.

Caeteris Body/Mind Energy Balancing* method is based on the philosophy that the body/mind is highly organised intelligence with a potential barely explored or reached. The Body/Mind is an electrical, vibrating being with potential for perfect health, vitality and well being. The Body/Mind does not lie, and always attempts to maintain homeostasis. The Caeteris method uses muscle testing; the sign language for all-knowing subconscious mind to identify on all levels the causes of blockages and disease conditions. Stress Release techniques help the body/mind correct imbalances at cellular level so as to alleviate pain and stress, and heal and regenerate gently and naturally.

Chiropractic* was founded in 1896 by Daniel D Palmer who established a chiropractic college in Davenport, Iowa, USA. When translated from the Greek, Chiropractic literally means to "practice by hand". Chiropractic is Intentional Neuromusculoskeletal Stimulation for positive alteration to functional biomechanics mediated through the spine and adjacent structures. Rehabilitation and supportive care has a traditional much respected place with patient education and wholistic knowledge encouraged.

Colon Hydrotherapy* is a safe, gentle infusion of water into the bowel by means of disposable units and purified water and administered by trained professionals. It is a simple effective method of removing toxins from the bowel and complimentary to many other health modalities.

Colour Therapy* colours are energies of light and each has its own vibration that is created by the length and frequency of its waves as they travel from the sun. The energy vibrations of the colours are assimilated and converted into bodily energies by the body. Colour Therapy determines the colour energy needs of individuals and offers the colours as natural assistants to achieve health and wellness.

Craniosacral Therapy* is a light-touch therapy used to evaluate and correct dysfunctions within your body's craniosacral system. This system is dynamic and consists of cranial bones, meningeal membranes, cerebral spinal fluid, the intracranial vascular system, the movement of body fluids and function of total
body connective tissues. Sensory, motor and neurological dysfunction can effectively be treated by gently palpating the rhythm of this system.

**Crystal Therapy*** a treatment using the energy of crystals on the body's energy fields. Crystals are used to direct energies to the patient or to be placed on specific parts of the body needing treatment. Each different kind of crystal has different energetic properties and so can be chosen for particular effects on specific emotions or body systems, or the whole person.

**Dynamic Phytotherapy*** From *phytos* (herbal) and *dynamos* (power), a phytodynamic therapist is the General Practitioner of Natural Medicine. A fully qualified Homoeobotanical Therapist, your practitioner also has comprehensive professional training in Naturopathy, Clinical Nutrition, Classical Homoeopathy or Medicinal Herbs. In chronic and degenerative illness, the action of Dynamic Phytotherapy is to strengthen, purify and restore. Combined with lifestyle support, this healing process brings fresh hope and relief of suffering.

**Educational Kinesiology*** (or Edu-K) is a comprehensive mind/body integration program. It uses specific movement to promote connections between different parts and levels of the brain/body. Improvements in neurological organisation achieved through Edu-K processes allow the mind/body system to relax and release inhibiting compensatory behaviours. When mind and body work together in harmony, the result is wholeness, full self-expression, creativity, responsible choice making and easy movement into new challenges.

**Feldenkrais*** method is an educational system that aims to improve human ability in the domain of movement. It assumes that all people have the capacity to learn, change, and improve, and also develops people's capacity for self-directed learning. The method is expressed in two parallel forms: “Awareness Through Movement”, verbally directed movement sequences [presented primarily to groups; and “Functional Integration” conducted on an individual basis where the Feldenkrais Practitioner uses touch and gentle movements to communicate alternative functional patterns to the student.

**Flower Essence Therapy*** is a simple and natural method of healing that uses the therapeutic qualities of flowers to rebalance the whole person mentally, emotionally, physically, and spiritually. The essences work directly on the electrical network within and surrounding the body to correct imbalances. The essences of flower essence therapy stems from the work of Dr Edward Bach, a physician and homoeopath who believed that physical illness is preceded by imbalances of thought and emotion.

**Gentle Therapeutic Manipulation Therapy*** could be described as 'osteopathic', or perhaps 'neuro-myopathic'. A series of standardised; procedures of unique gentle finger movements are performed coupled with axial movements done by the patient (eg neck turn, posterior raise, etc). This has a resounding effect upon the negative energy or symptoms associated
with neuro-muscular interactions. Diagnosis is similar to most modalities (i.e., visual, tactile and patient indications.) Because there is no need for therapeutic massage preparation, regarded by most osteopaths as prerequisite, time taken with G.T.M Therapy from start to finish is approximately 9 minutes. The therapy therefore is an extremely safe, effective, efficient non-invasive and GENTLE treatment that not only successfully treats neuro-muscular-skeletal problems but a holistic array of 'internal' problems also.

**Hellerwork** is a bodymind process that uses bodywork, movement re-education and psychology to restore the body’s optimal natural balance. The client is assisted to experience and appreciate the integrity of their body, their movement and their relationship with themselves, others and the world around them. It is prerequisite of Hellerwork all practitioners have undertaken a Hellerwork series with a Certified Hellerwork practitioner before beginning the Hellerwork practitioner training. Hellerwork sessions consist of the practitioner working with the client in all three aspects on a one to one basis.

**Holistic Animal Therapy** The Association was formed in October 1997 to meet an increasing demand for knowledge and education in the field of holistic animal health. This includes Homoeopathy, Herbal Medicine, Flower Essences, Physiotherapy, Chiropractic and the supportive modalities of biodynamic farming, permaculture, and other holistic lifestyles for animals and the environment. The NZ College of Holistic Animal Therapies has a Diploma course taught to NZHATA standards. NZHATA does not support vivisection or any cosmetic surgical interference with any animal.

**Holistic Pulsing** is a gentle, body-centred healing system in which rhythmic rocking, stretching and extending movements create a wave movement that ripples through the body mobilising body fluids, (circulation, lymph, cerebrospinal, and intra-cellular), joints, musculature, organs and systems. Holistic Pulsing can be used simply for relaxation or as a self-empowering process in which one can gain significant insight at spiritual, emotional and physical levels. It helps to relieve deep stress and increases feelings of aliveness and joy. It has been reported to stimulate immune response, and enhance toxin release.

**Homoeobotanical Therapy** combines the reliability of herbs with the potency of homoeopathy; Herbal Energy Therapy is gentle, effective health care for the whole family – including your pets. Your Herbal Energy Therapist is the Clinical Specialist of natural therapy and may also use physical, emotional or vibrational remedial techniques. With professional care and guidance focused on individual needs, Herbal Energy Therapy brings personal health, happiness and general well being.

**Homoeopathy** dates from the early 1800s and is based on a concept of “like cures like”; using minute doses of substances which in larger doses can cause symptoms similar to the illness. Remedies are prescribed, not for illness, but for each patient individually, so as to balance the subtle, vital energy system and support self-healing. They are given as tablets, liquids,
granules, powders or pills, all of which are "potentised" by diluting the original substance to a trace amount. These stimulate a healing response, and as the body strengthens, there may be a "healing reaction" in which the symptoms are briefly more noticeable.

**Human Potential** is a non-dispensing, non-manipulatory practice aimed at alleviating mental stress and trauma, utilising an interactive and consultative series of techniques. These range from one-to-one clearing sessions to workshops and seminars. Application of these techniques is aimed at developing clients’ ability to progressively gain control over their own conditions.

**Hypnotherapy** utilises the natural state of hypnosis thereby assisting clients to achieve lasting and often rapid results at the subconscious level. The subconscious mind houses the emotions, imagination, memory, habits and intuition. Through the use of the hypnotic trance (which is frequently experienced spontaneously) it becomes more accessible and receptive to suggestion and other change techniques. Hypnotherapy can help in health, sport, career and personal life. It is particularly effective for stress management, motivation, stop smoking, appetite control, improving confidence, achievement and learning, overcoming phobias, panic or anxiety attacks, chronic and acute pain, and many other problems.

**Ifas** method most frequently used applies the Tesla current through glass (vacuum) electrodes for the relief of local pain or inflammation. The little muscular pumps around the vein- the "vasomotor system" which keeps the blood circulating, by withdrawing it from the capillaries and sending it back to the heart – act more vigorously in tissues over which the vacuum electrode is applied. In this manner waste products are dissolved and washed away and fresh blood and white corpuscles are brought to the infect parts, thus aiding nature in destroying disease-producing germs and their poisonous products.

**Iridology**, or eye-diagnosis, is a method of diagnosis, not treatment, based on the principle that the whole body is reflected in the appearance of the eyes, since the nervous system comes to the surface at this point. However, iridology does not diagnose disease, it identifies malfunctioning body systems which if left unchecked will lead to various symptoms. Iridology detects malfunction associated with constitutional type as well as with the nervous system, and can then recommend appropriate follow-up measures for that individual.

**Isopathy** encompasses the principle that "like cures like". It is an alternative form of the homoeopathic system and implies that, all negative toxic vibrations can be removed from the body. For this we use a specific sequential order of removal called the "Toxic Pecking Order". It is the way in which poisons can be removed safely from the body. After detoxing, environmental toxins are passed straight through the system without ill effect, thereby maintaining a healthy status.
Jin Shin Jyutsu* Jin Shin Jyutsu is a healing technique with a history of over 5,000 years. It employs 26 “safety energy locks” along energy pathways (known as meridians) to feed life into our bodies. When one or more of these pathways becomes blocked, it may lead to discomfort or even pain. Any of these acupressure points, touched individually or in combinations, relate to various symptoms, bringing relief to physical, mental-emotional and spiritual conditions. It is a powerful and effective tool to relax and reduce stress and pain in our daily lives. It is a very supportive method, co-operating with other medical and natural therapies.

Kinesiology* is the use of muscle testing to identify imbalances in the body, to establish the body’s healing needs and to evaluation energy changes brought about by a wide range of gentle, noninvasive, non-manipulative manual and non-manual therapeutic procedures that can relieve acute and chronic aches and pains, enhance learning and behaviour and break the cycle of compulsive obsessive disorders, abuse and depression.

Maharishi’s Vedic Approach to Health (Maharishi Ayur-Veda)* is the world’s most ancient and complete science of natural medicine. It provides a wealth of knowledge and tune-tested therapies to promote health in both mind and body. It is prevention oriented and all approaches are 100 percent natural, simple and effective. The main diagnostic tool “Nadi-Vigan-Pulse Diagnosis, can allow early detection of imbalance, the root cause of disease and premature aging. With this knowledge you can easily learn how to take control of your own health care, by simply re-enlivening the body’s self-repair mechanisms.

Massage (Therapeutic and Remedial)* is an ancient and holistic therapy that works with the soft tissues of the body to promote good health. While relaxation massage is most widely practiced, both professionally and among family and friends, professional masseurs draw on techniques and philosophies from around the world to create a range of specialist applications, from sports and injury – rehabilitation massage, to baby massage, and massage for the terminally ill. The importance of body/mind interaction is acknowledged and many practitioners work with body energies, or with techniques aimed specifically at emotional release and self-awareness.

Medical Herbalism* is as old as medicine itself. Therapeutic use of plants to treat disease probably started by pure trial and error. Later, essential elements were isolated to become the basis of our modern medicines, and later still were used in high potency drugs. Over 200 herbs may legally be used as medicine, but there are probably many more that might be. Herbs can be self-administered, but for proper care it is wise to consult a qualified Medical Herbalist who is able to take into account individual makeup in determining correct proportions and dosage.

Mediumship / Channel / Intuitive Healer Medium* Person experiencing ultraphysical perception and revealing its results to others. Often used in demonstration to provide evidence that life exists after death. Passing on of
messages from discarnate Spirit, family and friends to those incarnate upon earth. A special unit of consciousness, who can provide a link with the spirit world thus enabling the truth upon any matter to come forward. Spokespersons for the Divine.

**Intuitive Healer** means immediate apprehension by the mind without reasoning, immediate apprehension by sense, immediate insight. This healing application is a form of Divine channel and communication between two souls, one giving and one receiving with the aim of a harmony of body, mind and soul, which results in healing (to be or become whole). This form of healing can be done with the patent present or absent and tools such as pendulums, crystals etc may also be used to assist the healer in treating the patient.

**Channel** In this context channel means those souls chosen to bring a message and prophecy to the listening ears of mankind with authenticity and accuracy in “direct” communications. Metaphysically it is a control personality actuating a medium at various levels from altered state of consciousness to deep trance, full transfiguration and direct voice. These being produced, seen and heard, on the physical by the observers. Control personality being discarnate Spirit guide (one who shows the way).

**Natural Healing Sciences** The technique of Natural Healing Sciences is a method of combining healing in the human energy field, bodywork and flower essences to bring about physical, emotional, mental and spiritual well-being. The practitioners hands are placed in the field to assist in clearing, repairing, restructuring and re-energising the field or gently on the body to remove the congestions that have accumulated there, to assist cranial mobilisation and release, and under the body to assist in larger body movements as it unwinds its tensions that way. The method is unstructured and can put the client in an active role, allowing them to proceed at their own pace as their own healing mechanisms activate. Flower essences are prescribed as required.

**Naturopathy** or “Nature Cure” is a way of life as well as a concept of healing. For many, it implies the use of herbs and folk remedies, and the avoidance of modern chemical medicines. For others is implies proper nutrition and exercise as well. Modern practitioners adopt a philosophical orientation toward health which gears intervention to stimulating and assisting a person’s own internal self-regulation processes. Health promotion and disease prevention comes first, with healing and cleansing therapies as a last resort. Naturopaths recognise the interdependence of the physical, emotional, mental, spiritual and cultural aspects of health.

**Neurofeedback**, also known as EEG Biofeedback and Neurotherapy, is a painless, non-invasive treatment that is used in order for individuals to gain information about their brainwave activity. The information is used to learn to raise and lower specific brainwave activities.

http://members.aol.com/_ht_a/silbrigham/silbwebpage.html
Neurofeedback is used as an adjunct or alternative treatment to medication and behaviour management. Computerized biofeedback equipment is connected to the individual by two sensors placed on the top of the scalp and earlobe. The sensors are safe and painless; they do not prick the skin. The individual performs an assortment of tasks while receiving instant visual and auditory feedback on their theta, beta and SMR brainwave activity. The information is used to help them learn to change brainwaves to desired levels.21

**Neuro-Linguistic Kinesiology**

Neuro-Linguistic Kinesiology is a truly wholistic approach to personal change and development. NLK presents the best techniques from Kinesiology and Neuro-Linguistic Programming to enhance the learning process. It is a way of improving performance and well-being in all areas of life, at the office, home or school. This modality gives us an effective programme for health and stress management. The basis of all kinesiology programmes is a technique called muscle testing which is used to detect whether a situation, activity, memory, food or substance is causing stress to the body or brain. By identifying these needs and evaluating energy changes, NLK gives us a wide range of gentle procedures that support the body's own healing processes. The NLP aspect of this modality gives us a tool for enhancing human excellence in a way which brings out the best in yourself, your learning abilities and communication skills.

**Neuro Linguistic Programming (NLP)** is based on the philosophy that it is the limits that we've come to accept that we use to define our business, personal and professional lives and that the first step to greater freedom and empowerment is to change the patterns that rule our lives. NLP is a discipline that shows you how to use the language of the mind to consistently achieve your specific and desired outcomes. It is a set of guiding principles, techniques and attitudes that allow you to change, adopt or eliminate behaviours and create mental, emotional and physical state of well being that you desire.

**Ortho-bionomy** is an innovative concept based on the body's self-healing capacity, incorporating a wide spectrum of techniques ranging from physical contact to non-physical interaction with the etheric field using the body's own system of self-balancing reflects to release structure tension and imbalances. New patterns of selfawareness and structural balance are explored through gentle exercise and posture retraining.

**Osteopathy** is a holistic medical science primarily based on the principles of its founder, Andrew T Still, 130 years ago, that “structure governs function” and “function governs structure.” Its primary emphasis is the integration of the Neuro-Musculo-Skeletal system, visceral and connective tissues of the bodily organism to achieve homeoeostasis, alleviation of pain and the well being of the organism. Osteopathy also acknowledges the Biochemistry, Circulation and Nutrition of the organism.

Paramedical Aesthetics and Aesthetic Medicine* is a study program of international calibre incorporating Somatechnics Dermatechnics Actinotherapy (laser and chromatherapy) Electrolysis and individual sections of these divisions.

Pilates Based Body Conditioning Josef Pilates (pronounced Pi-lah-tees) developed exercise programs in the early 1900's which he found assisted dancers with their performance by improving muscle balance, flexibility, coordination and especially helping with their injuries. Pilates is a method that aims to create a balance in the body. It is designed to cater for the needs of the individual. Many forms of exercise create tightening of certain muscles while overstretching others. The method has been used to cater for persons other than dancers who required a similar program.22

Primal Healing* is based on the understanding that much of our present distress comes from the pain of past, unresolved experiences which may include trauma, abuse and neglect. Each time a young child experiences pain which he or she is unable, or not allowed to express, the pain is buried and remains, not only in the subconscious mind but in the cells of the body. In Primal Healing a specific style of breathing is used which allows the client to re-experience fully the past event and thus to resolve it. This resolution brings freedom from emotional pain and brings deep peace of mind.

Psychotherapy* The word 'comes from ancient Greek, and means “healing of the soul.” Psychotherapists aim to create a healthy balance between accepting yourself as you truly are and living your full potential. Since there is scarcely an organ or a tissue that is unaffected by emotional forces, clearing emotional pain can realize and release the body’s potential to heal. Psychotherapists seek to enhance self-awareness and resolve fears and associated stress symptoms. They recognise the place of the past in shaping current experience, and the power of the unconscious to enrich and expand our conscious awareness.

Rebirthing* A rebirther facilitates a breathing technique called conscious connected breathing which the client uses to clear out physical, mental and emotional blocks or stresses, especially those arising from birth and early life experiences. The origin of most human behaviour difficulties lies in very early childhood experiences. Activating past traumatic experiences held as suppressions in the subconscious, and gently releasing them, results in an integration of energies which enhances our capacity to enjoy life more fully, with ourselves and with others.

Reflexology* is based on ancient Chinese and Egyptian healing arts, and draws on oriental meridian theory. It was introduced to the west by Dr William Fitzgerald. He noted that pressure on parts of the body induced anaesthesia in a related area. He divided the body into ten vertical zones ending in the fingers and toes, and identified areas on hands and feet which related to

22 http://www.pilates.net/
corresponding body areas. Eunice Ingham further refined zonal therapy in noting that congestion or tension in any part of the foot was mirrored in corresponding body areas. Pressure applies to foot "reflexes' encouraged healing in these related areas.

**Reiki** is an ancient healing therapy, which was revived in the 1800s by Dr Mikao Usui, a Japanese Christian educator. Reiki is a safe holistic, hands-on therapy used to access a natural vibration energy, which promotes the healing process on all levels: physical, emotional, mental and spiritual. It balances the body systems, healing physical ailments, opening the mind and spirit to the causes of disease and pain, a necessity for taking responsibility for one's life and well being.

**Rife Therapy** In the early 1930's Royal Raymond Rife invented an electron microscope, which he used to see living viruses. In his quest to build this microscope he had developed a method of identifying different organisms and their mortal oscillary rates (MOR's). This meant that each organism had a signature frequency at which it vibrated. Rife further developed this technology by building a frequency instrument that was able to reproduce these MOR's and kill the organisms. Rife mapped the MOR's of hundreds of viruses and bacteria and the instrument is used today in the treatment of over 300 ailments.23

**Rolfing® Structural Integration** involves two approaches to changing human structure. The functional aspect, Rolfing® Movement Integration enables the individual to become aware of the inhibiting patterns in movement, attitude and posture and also provides tools for greater choice in these patterns of response.

Rolfing® Structural Integration provides the Rolfing Practitioner with a sophisticated method of releasing these patterns as they manifest in the structure of the individual's body. Rolfing is concerned with how people use their bodies, as with their structural organisation in gravity. This philosophy reflects the commitment of Rolfing® Integration to view the human system as a whole.

**Sclerology** is the art and science of reading the red lines in the whites (sclera) of the eyes. It is a diagnostic system that interprets these lines based on data collated by the Native American Indians over a 3000 year time period. A specific chart is used to interpret which areas the lines relate to in the body. The ancient Chinese were also aware of the value of Sclerology but little has been translated into English. It is often used by Iridologists to reinforce the signs revealed in the iris.

**Shiatsu** is one of the oldest healing arts. When literally translated, Shiatsu means "finger pressure", although hands, forearms, elbows, knees and feet are all used to work along meridians (electromagnetic energy pathways) to strengthen areas of kyo (deficiency) and disperse areas of jitsu (congestion).

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23 http://www.rife.co.za/about_royal_r_rife.htm
Shiatsu increases inner awareness and the ability to mobilise ki (life force energy) so that its dynamic balance of movement within the body is restored. Clients are encouraged to take an active part in their own healing process and to understand the true source of their disease. Thus Shiatsu is ideal preventive medicine.

**Spiritual Healing** is Divine Healing - that is it comes from God and is His gift to all His children, regardless of their race or creed. Spiritual Healing is not FAITH healing. It is a natural gift inherent in us all; it has always been and always will be; no religion, faith or race may claim monopoly over it.

**TRADITIONAL CHINESE MEDICINE**

**Acupuncture** is the best known aspect of Chinese medicine. It began more than 1500 years ago when, before metal needles were available, first stone and later porcelain needles were used to release blocked energies and restrain over-exuberant energies. These energies flow through the body along pathways known as meridians. The success of acupuncture depends on precise needling of points along these pathways to bring about balance in the organism. There should be no pain associated with needling, though sometimes a brief sharp pain may be felt in the course of a healing process.

**Chinese Herbal Medicines** are seldom dispensed to match symptoms. They are rather designed to affect the flow of energy along meridians and restore balance and health to related organs and body systems. The disease is virtually ignored; it is the imbalance of energies that is treated, much as in acupuncture. A herbalist will look at what is causing the problem and will look for such things as attacks of perverse wind, damp heat, deficient heat, damp blockage, dry blood, damp phlegm, cold phlegm, hot phlegm, wind phlegm, impure phlegm, stagnant chi, deficient chi, chi prolapse and so on.

**Chi Kung** There are two types, one is a system of breathing exercises with some movement such as bending the knees, twisting the torso etc; and the more advanced “moving Chi Kung” which looks something like Tai Chi to watch. There are no fighting movements in Chi Kung. Rather, the movements are designed to control the flow of chi through the body and beyond the body. The study of Chi Kung for healing is as complex as that for Herbalism or Acupuncture. A Chi Kung master can duplicate the effect of inserting an acupuncture needle merely by pointing his finger, even from a great distance. Together these three systems make up an effective team in restoring balance and health.

**Traditional Māori Healing** is the indigenous Māori healing system. Three key components to traditional Māori healing are Wairua, Rongoa and Mirimiri (medicine and healing therapies) indigenous to the Maori and Pacific native peoples. Practitioners of natural medicine and therapies who in their work use aspects of traditional spiritual healing (wairua), mana (authority), tikanga (procedure), reo (language) or matauranga (knowledge).
**Touch For Health** shares much of its theoretical foundation with Acupuncture. It is not concerned with the diagnosis or treatment of physical or medical conditions. It is concerned with the balancing of body energy to promote health, speed healing, and restore natural vitality. A practitioner will evaluate muscles, and employ massage (of lymphatic, vascular, and other reflex systems), acupressure touch, body work and nutrition to restore balance. It is an educative process and increases the client's self-awareness and personal responsibility for their own well being. It is holistic, reaching a client at all levels of being.

**Vegatest Method** Testing with the Vega machine is one of the "bio-energetic regulatory techniques" that has its origins in acupuncture and homoeopathy. Its basis is the concept of "energetic pathology" which postulates that the first sign of abnormality in the body is an electrical charge. Further, if abnormal electrical charges continue for long enough, then eventually structural changes will ensue.24

The Vega machine purports to measure one aspect of these bio-energetic phenomena by recording the change in skin conductivity after the application of a small voltage. Localisation of the source of an abnormal response is accomplished by placing homoeopathic extracts in this electrical loop.25

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24 http://203.63.66.2/~agale/VEGATEST.htm
25 Ibid.
Appendix V  Health Professionals’ Competency Assurance Bill

The purpose of this Bill is to protect the health and safety of the public by establishing processes to ensure that regulated health professionals are competent to practise. (Cabinet Committee Paper EHC (01) 16 refers, and associated minute EHC Minute EHC Min (01) 4/1)

It is proposed that the Health Professionals’ Competency Assurance Bill (HPCA) replace the current eleven health occupational regulatory statutes. The reasoning for this is that most of the current statutes are old, prescriptive and unable to accommodate changes in technology and health professional roles in a changing health sector. The proposed legislation is intended to provide a framework to give registering authorities more flexibility in their registration processes, but, at the same time, include adequate controls to ensure that they cannot operate restrictive practices.

The proposed Bill would:

- establish the framework for the regulation of health professionals where there is a risk of harm to the public
- establish registering authorities for each profession
- empower the Minister of Health to appoint members of registering authorities and audit their processes to minimise their ability to operate restrictive practices.
- Establish the functions of registering authorities
- Empower registering authorities to:
  
  (a) assess the qualifications and experience of practitioners and register them in an appropriate scope of practice
  
  (b) review the ongoing competence of practitioners and require them to participate in competence improvement programmes if necessary
  
  (c) certify that practitioners are competent to practice
  
  (d) suspend practitioners if there is a risk of harm to the public
  
  (e) include a list of licensed tasks which can be practised only by practitioners who are certified as being qualified and competent to do so
(f) provide for declared quality assurance activities to improve the practice or competence of health professionals.

A single overarching Act, containing a framework for the governance and functions of registering authorities, would ensure consistency between the professions. It would also enable some currently unregulated professions, for example, osteopaths, to be regulated in the future without the need for separate Acts. New professions could be added by Order in Council.

Registering authorities would have the flexibility to determine the detail of their own rules and procedures, because of their knowledge of the professions. However, a set of checks and balances would be put in place. One such check would be that all members of registering authorities established under the Act be appointed by the Minister of Health, who would also have the power to dismiss members who are not adequately fulfilling their functions.

It is also proposed that the Act provide that registering authorities certify that health professionals are competent to practice within a scope of practice. In addition there would be a list of licensed tasks, which are of such an invasive nature as to pose a risk of irreversible harm to the public, that could be practised only by those practitioners who have licensed tasks specified in their scope of practice. The provisions of the Medicines Act 1981, the Misuse of Drugs Act 1975 and the Radiation Protection Act 1965 already provide for licensed tasks, for instance, prescribing.

The Act is proposed to provide flexibility by:

- providing a process for some groups, who may not pose a significant risk to the public, but where there is benefit to the public from having access to information about a practitioner's capability and competency, to register, for example, homecare workers
- allowing practitioners, who do not pose a risk to the public, to practise without the need to be regulated, for example, massage therapists.

There would (need to) be adequate powers of enforcement to prosecute:

- certified practitioners acting outside their scope of practice
- persons undertaking a licensed task which is not included in their scope of practice
- uncertified persons holding themselves out to be certified in a scope of practice
- uncertified people who cause patients irreversible harm in the course of providing health services
It is proposed that all groups currently regulated by statute continue to be regulated under the HPCA and that these be set out in a Schedule to the Act. The HPCA would contain an empowering provision so that, from time to time, the Governor-General, by Order in Council, can add new professions who provide health services to the Schedule or remove professions from the schedule if regulation is no longer necessary.

The HPCA would contain provision for the Minister of Health to initiate a registration process if there is reason to believe that a profession poses a risk of harm to the public. Unregulated groups wishing to gain registration would have to demonstrate to the Minister of Health that the public is at risk of harm by the practice of the profession or that the public interest would be served by their inclusion in the Act. Regulation would be in accordance with the government's overall regulatory framework. Groups would need to establish that effective procedures are in place regarding:

- Recognised qualifications
- Standards
- Scopes of practice
- Competence
- Any other relevant information

Once a decision has been made by the Minister of Health to regulate a profession, the process of appointing a registering authority would begin in consultation with the sector.
A Diagram of the HPCA Framework (from Cabinet Committee Paper EHC (01) 16):

Parliament

\[ \downarrow \]

Cabinet

\[ \downarrow \]

Minister of Health

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1. Registering Authorities etc.

Licensing

Medicines Act 1981

Radiation Protection Act 1965

Misuse of Drugs Act 1975

Licensed Tasks

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Certification

2. Scopes of Practice

Practitioners

Consumers

1. The number of registering authorities will depend on the number of professions regulated under the Act.
2. Scopes of Practice can overlap within professions and across professions.
References:


Websites:

http://www.nccam.nih.gov/an/general/
http://www.nzhealth.net.nz/aquarian/treatment.html
http://www.healthnz.net.nz/nzregister/
http://homepages.ihug.co.nz/~ashok/akbach.htm
http://www.icmedicine.co.uk/index.htm
http://members.aol.com/_ht_a/slbbrigham/slbwebpage.html
http://www.pilates.net/
http://www.rife.co.za/about_royal_r_rife.htm
http://203.63.66.2/~agale/VEGATEST.htm