

Contents

<i>Informative Abstract</i>	v
<i>List of Editors</i>	vii
<i>Preface</i>	ix
<i>Preface</i>	xiii
<i>Foreword</i>	xv
Chapter 1 History, Present and Prospect of Ayurveda	1
<i>Anupama Kizhakkeveetil, Jayagopal Parla, Kishor Patwardhan, Aanchal Sharma, Swati Sharma</i>	
Introduction	3
1.1 History of Ayurveda	4
1.1.1 Vedic period	5
1.1.2 Upanishadic literature	12
1.1.3 Purana literature	13
1.1.4 Buddhist literature	14
1.1.5 Samhita period	15
1.1.6 Medieval period and colonial rule	21
1.2 Basic concepts in Ayurveda	23
1.2.1 Panchamahabhutas (five elements)	23
1.2.2 Doshas (biological energies)	25
1.2.3 Prakriti (constitution)	29
1.2.4 Dhatus (tissues)	31
1.2.5 Ojas (essence of dhatu)	34
1.2.6 Malas (waste products)	35
1.2.7 Agni (transinformatory energy)	36
1.2.8 Ama (undigested metabolites)	37
1.2.9 Srotas (circulatory channels)	38

1.2.10	Manas (mind)	39
1.2.11	Ayurvedic treatment approaches	40
1.2.12	Traya upastambha (three supportive pillars)	42
1.2.13	Swasthavritta (healthy lifestyle practice)	45
1.3	Present status of Ayurveda in India	47
1.3.1	Present status of Ayurveda in India	47
1.3.2	Present status of Ayurveda outside India	65
1.4	Ayurveda in future	69
	References	70

Chapter 2 History, Present and Prospect of Chiropractic **73**

Robb Russell, William F. Updyke, Bart N. Green

	Introduction	74
2.1	The history of chiropractic (1880s through 1990s)	74
2.1.1	Antecedents to chiropractic	74
2.1.2	Origins of chiropractic	77
2.1.3	Clinical elements of practice	79
2.1.4	Training	79
2.1.5	Licensure	80
2.1.6	Scope and practice	81
2.1.7	Research, journals, and scientific conferences	81
2.2	The chiropractic profession today (2000 to the present)	84
2.2.1	Training	86
2.2.2	Licensure	89
2.2.3	Scope and practice	90
2.2.4	Spinal adjustments as the common thread	91
2.2.5	Specialties	92
2.2.6	Diagnostic imaging	92
2.2.7	Athletic and sports-related care	93
2.2.8	Economic considerations	94
2.2.9	Reimbursement	95
2.2.10	Emerging models of practice	97
2.2.11	Public perception	101
2.2.12	Research, journals, and scientific conferences	102
2.2.13	The world view	103

2.3 Potential futures for the chiropractic profession	103
2.3.1 Introduction	103
2.3.2 Healthcare landscape and trends	105
2.3.3 The Internet of Things (IOT)	109
2.3.4 Training, licensing, scope of practice and regulations	112
2.3.5 Market for chiropractic services and the practice of chiropractic	117
2.3.6 Integration	119
2.3.7 Competition from other provider types	120
2.3.8 Chiropractic research	121
2.3.9 Public perception of the chiropractic profession	123
References	124

Chapter 3 History and Present of European Traditional Herbal Medicine (Phytotherapy) 131

Hans Rausch (Ichenhausen/Neu-Ulm), Sven Schröder (Hamburg), Thomas Friedemann (Hamburg), Silke Cameron (Göttingen), Kenny Kuchta (Göttingen), Marius Konrad (Neu-Ulm)

Introduction	132
3.1 Main concepts	133
3.1.1 Phytotherapy and mainstream medicine	133
3.1.2 Effect and efficacy	134
3.1.3 Finding and feeling	134
3.2 The history of European traditional herbal medicine (European Phytotherapy)	137
3.3 Traditional European Herbal Medicine in the health system	150
3.3.1 Phytotherapeutic products in Germany and Europe in the last 100 years	150
3.3.2 Policies and regulations specific to this traditional medicine	156
3.3.3 Clinical management	166
3.3.4 Standardization	168
3.3.5 Education and training	172
3.3.6 Organizations in the field of European Phytopharmaceuticals	180

3.3.7	Seven scientific research and evaluation for efficacy, quality and safety	188
3.3.8	Products and trading	195
3.3.9	Dosage forms of herbal medicinal products	200
3.3.10	Overseas communication	203
3.3.11	Current challenges: Synergism the new concept?	204
3.3.12	Cultivation and origin of medicinal drugs	206
	References	212
	Appendix — Short Overview of Typical Phytochemical Applications	214
 Chapter 4 History, Present and Prospect of Greco-Arab and Islamic Herbal Medicine		 235
<i>Bashar Saad</i>		
	 Introduction	 236
4.1	A brief history of Arab medicine	238
4.1.1	Early Arab and Islamic medicine	238
4.1.2	Greco-Arab and Islamic medicine	240
4.1.3	Prominent Arab and Muslim physicians	242
4.1.4	Rhazes (Al-Razi, 864–930 AD)	243
4.1.5	Avicenna (Ibn Sina, 980–1037 AD)	245
4.1.6	Alhacen (Ibn al-Haitham, 965–1040 AD)	248
4.1.7	Ibn al-Nafis (1213–1288 AD)	248
4.1.8	Abulcasis (Al-Zahrawi, 936–1013 AD)	250
4.1.9	Alkindus (Al-Kindi, 800–873 AD)	250
4.1.10	Avenzoar (Ibn Zuhr 1091–1162 AD)	251
4.1.11	The role of Arabs and Muslims in the development of pharmacology	251
4.1.12	Poisons and their antidotes in Greco-Arab and Islamic herbal medicine	254
4.1.13	Hospitals in the Greco-Arab and Islamic herbal medicine	254
4.1.14	Current status of Greco-Arab and Islamic herbal medicine	256
4.2	Commonly used medicinal plants in the mediterranean	263

4.3 Medicinal plants used in the treatment of diabetes, obesity, cardiovascular diseases	269
4.3.1 <i>Olea europaea</i> (olive tree)	270
4.3.2 <i>Punica granatum</i> (the pomegranate)	276
4.3.3 Black seeds (<i>Nigella sativa</i>)	280
4.3.4 <i>Curcuma longa</i> rhizomes (Turmeric)	283
4.3.5 Cumin (<i>cuminum cyminum</i> L.)	285
4.4 Prospect of Greco-Arab and Islamic herbal medicine	286
References	292

Chapter 5 History, Present and Prospect of Homeopathy 301

To Ka Lun

Introduction	301
5.1 History and philosophy of homeopathy	302
5.1.1 Definition of homeopathy	302
5.1.2 Origin of homeopathy	303
5.1.3 Basic principles	306
5.1.4 Specific concept of health and disease	312
5.2 Current status of homeopathy	320
5.2.1 Overview of national health service system and integration of homeopathy into national health system	320
5.2.2 Policies and regulations specific to homeopathic practice	323
5.2.3 Regulation of Homeopathic Medicinal Products (HMP)	331
5.2.4 Clinical management	350
5.2.5 Standardization	358
5.2.6 Education and training	361
5.2.7 Scientific research and evaluation for efficacy, quality, and safety (if available)	366
5.2.8 Homeopathic medicines	379
5.2.9 Trading	380
5.2.10 Overseas communication	381
5.3 Prospect of homeopathy	381

5.3.1	The need for water research	381
5.3.2	The need for good research strategy	382
5.3.3	The need for targeted research into specific medical conditions	383
5.3.4	The need for international awareness of national policies which are not T&CM friendly	384
5.3.5	The possibility of supranational collaboration	387
References		387