

World Conference on Psychology and Sociology 2012

## The Effect of Faradarmani on General Health

Mohammad Ali Taheri <sup>a\*</sup>, Maryam Parazin <sup>a</sup>, Fatemeh Ashrafi-Amineh <sup>a</sup>,  
Sara Saie Joeghan <sup>a</sup>

<sup>a</sup>*Interuniversalism Inc., 15335 Morrison St., suite #200, Sherman Oaks, CA, 91403. U.S.A.*

---

### Abstract

Faradarmani, an Iranian complementary and alternative medicine, is based on theory of "Consciousness Bond". This article aims to compare general health of people who used Faradarmani with those who did not. Comparative study was conducted on two groups of 25 people each. Case group had attended Faradarmani classes for more than a year, while control group had not. Goldberg GHQ28 was used. *t*-test showed people who had attended Faradarmani were significantly healthier, and anxiety, social function disorder and depression were much lower in case group. Faradarmani can significantly improve general health of people in all scales.

© 2013 The Authors. Published by Elsevier Ltd.

Selection and peer review under the responsibility of Prof. Dr. Kobus Maree, University of Pretoria, South Africa.

*Keywords:* Faradarmani, Alternative and Complementary Medicine, Public Health, Psymatology, GHQ28, Consciousness Bond;

---

### 1. Introduction

"Physical health" and "well-being" have always been of interest to scientists in the fields of medicine and psychology. From the combination of the two concepts of "physical health" and "well-being", a more important concept entitled "General (Public) Health" comes into existence. According to Carson, Butcher, Coleman (1988), "throughout history, the amount of attention given to each of the concepts of "physical health" and "well-being" or to the combination "general (public) health" have been part of the intellectual challenge of finding a relation between body and soul, or the superiority of one over another." Nevertheless, the main objective of scientists in the fields of psychology and medicine is to maximize human's general well-being. According to T.G. Sarason and B.R. Sarason (2002), health is a "personal perception" that varies according to physical, psychological, financial and social factors. Physical factors are perceived through a special psychological process. In other words, physical factors are dependent on the individual's perception and cognitive aspects of his personality that

---

\* Corresponding author: Mohammad Ali Taheri. Tel.: +1-800-240-8482  
E-mail address: [mataheri.conference@gmail.com](mailto:mataheri.conference@gmail.com)

in turn influence the processing of internal and external stimuli. Badger (1992) has defined general health as a person's perception of his physical and psychological symptoms. Thus, this perception determines whether any physical or psychological problem exists or not. According to the studies of Cohen, Yoon and Gohnstone (2009) on 168 patients with various physical disorders, it was found that mental health has a positive relation with spirituality and a negative relation with non-spirituality. According to Hunt (2000), who studied the effect of herbs, prayer, and insulin was studied on treating a group of Mexican-American diabetic patients, prayer was found effective as a healing factor that improves health and reduces the level of stress. Although in this survey, the faith and beliefs of patients were not considered an important factor; nevertheless, the results indicate that using alternative therapies such as prayer can be considered an important factor in treating patients. In another study that was conducted by Arias, the efficiency and effectiveness of meditation techniques was examined as a treating factor. Research tools included meditation, yoga, praying in the mind and relaxation. The results of the study support the safety, efficiency and effectiveness of meditation on treating certain illnesses especially anxiety and mood disorders.

In Iran, Rajaie, Bayyazi and Habibipour (2010) survey carried out on 440 students of Mashhad Azad University on the relation between basic religious beliefs, identity crises and general health of students found that students, who had high scores in basic religious beliefs, had lower identity crises and higher general health scores. Thus a significant negative relation was found between identity crises and general health. In addition, by studying the relation between prayer and mental health, Shojaiyyan and Zamani Monfared (2003) found a significant relation between praying and mental health of the subjects, in such a way that more praying improves the individual's mental health. Moreover, a negative connection was found between praying and anxiety and depression scales of GHQ. In other words, more praying was associated with less anxiety and depression.

## **2. Classification of complementary and alternative medicine or C.A.M.**

Any complementary and alternative method of treatment which is outside modern medical practices is called Complementary and Alternative Medicine (CAM). The National Centre for Complementary and Alternative Medicine of America (NCCAM) has classified CAM into below categories: 1. Energy Therapies: In energy therapies, energy fields are used in healing patients. Examples of these treating methods are: Polarity Therapy, Reiki, Qi Gong and therapeutic touch. 2. Manipulative and Body Based: Massage and Chiropractic are instances of these types of therapies. 3. Alternative Medical Systems: These systems have their own theories and treating methods and are fundamentally different from conventional medicine. Alternative Medical Systems include: Homeopathy and TCM (Traditional Chinese Medicine), and so on. 4. Mind-Body Interventions: In this system and through different techniques, it is attempted to enhance the mind capacity to manipulate body functions and finally carry out healing. Instances of mind-body intervention are: meditation, prayer, mental healing, art and music therapy. 5. Biologically Based Therapies: Herbs, food and vitamins are used in this kind of treatment. Dietary supplements and herbal medicinal products are all types of biologically based therapies. According to the above classification, Faradarmani falls under the fourth category of Mind-Body Intervention and the sub-category of mental treatment.

## **3. Definition of Faradarmani**

As a qualitative Iranian complementary and alternative method of treatment, Faradarmani recognizes the essence of man and takes action to improve the condition of the patient without any kind of intervention in the quantitative process of treatment. Faradarmani is a framework in which the treatment is achieved through a software-based approach, without any hardware interventions or manipulations. This means Faradarmani is carried out without making any intervention in classic conventional medicine or any hardware manipulation (by hardware we mean the treatments applied physically such as pharmaceutical, invasive & surgical, physiotherapy, massage therapy, or any other similar method in which utensils and devices are to be implemented). On the contrary, by software interventions we mean only those therapeutic applications related to the existential software

embedded in man, away from any pharmaceutical, operational or other similar treatments and without resorting to any technique, in order to examine and resolve the patients' ailments (Taheri, 2011a).

#### 4. Theory of "Consciousness Bond" or "Constituents Having Consciousness in Common"

According to a well-known theory in physics; at molecular and fine particle levels, human body is composed of vibrating strings, like all other constituents of the universe. Through these vibrations the material (physical) part of body is formed and materialized. In the view that any motion requires a primary motivator to cause the movement, also a directing factor to give it a direction, this question arises that which prime factor has given direction to an infinite number of motions in the universe; in such a manner that in the midst of all those innumerable motions, a completely harmonized and purposeful system has been manifested? The prime factor which is able to direct the infinite existing motions in the universe so purposefully, must be an intelligent and conscious cause which is capable of deciding each motion, in which exact direction, and in which exact manner must take place in order to finally create such a purposeful, harmonious and self-evidential system. In Faradarmani the cause that has created and conducted these motions and vibrations is the same as the awareness or consciousness governing the universe and is called "**Interuniversal Consciousness**" (similar to a Interuniversal/Cosmic Internet). Therefore the world of the particles and the essence of the human existence both have a close relation with the consciousness of the universe (Taheri, 2011a).

Faradarmani is based on the theory of "**Consciousness Bond**" or "Constituents Having Consciousness In Common" (Figure 1). According to this theory, when a link is established between the 'whole' consciousness and consciousness of 'constituents'; the whole consciousness-via the consciousness of the mind-is capable of correcting, repairing and curing the consciousness of constituents including mind, psyche and body, thus healing and recovery take place. The 'whole' consciousness is formed from the collection of consciousness of constituents, thus the 'whole' consciousness is a collection that constituents, on their own, are not capable of benefiting. For instance, a single cell is not aware of its destination but from the collection of one hundred trillion cells a type of information will be formed in which a single cell, on its own, is not capable of exploiting. Consciousness of a collection of constituents is considered as the whole Consciousness of the set, which governs over the consciousness of each of its constituents and also determinates their overall direction of motion. Likewise, establishing a link or connection between human (as constituent-consciousness) and the Interuniversal Consciousness (as the whole consciousness or the collection of awareness or consciousness encompassing the universe, the Divine Intelligence) can accomplish affairs and bring about results that man, singlehandedly, through his own abilities is not capable of attaining. Healing/treatment is one of such feats which is indeed the subject of Faradarmani (Taheri, 2011a).

#### 5. The process of treatment in Faradarmani; establishing Ettesal, scanning stage, externalization

In Faradarmani, the meaning of "Ettesal" (connection) is establishing a form of connection or link to the Interuniversal Consciousness (Taheri, 2010a). Since Ettesal is a concept originating from mysticism, it happens merely by Fara-therapist's "brief attention" (called Nazar which means Glance in mysticism). There is no precise definition for "Ettesal" (indescribable) as it takes place in a realm 'Free of Tools' and we can only study the 'effects' of Ettesal -which are indeed the subject of Faradarmani - and not the nature of Ettesal itself. After the Consciousness Bond is established via Faradarmani, the patient automatically undergoes the so-called **Scanning** process and by eliminating the symptoms, the healing process will be initiated. The scanning stage is the process in which all existential constituents of the individual undergo scrutiny through the Consciousness Bond in order to detect any manifested or hidden defects or diseases, which categorically reveals the patient's health record and systematically removes the problem through various manifestations such of seeing colors, lights, the feeling of movement and activity of some kind of energy throughout the body, also by feeling heat, pain, sharp aches, pulsation, twitching or convulsions and so on. Scanning takes place in a holistic manner affecting all aspects of

one's body, psyche, and mind. Then the treatment process commences through a phase called "**Externalization**"; in accordance to certain patterns in Faradarmani's treatment graphs (Taheri, 2010a).

Externalization is a process, after which a given cell reveals its present and past problems and diseases, and following that, the signs and tensions of the ailment disappear and recovery starts. The history of illnesses might even go back to the embryonic or childhood stages or may include the currently apparent diseases, also current undetected illnesses, hidden fears, emotional stresses and obstacles, mental disorders, and so on. These files could be related to any of the existential elements of the patient such as body, psyche, mind and so on.

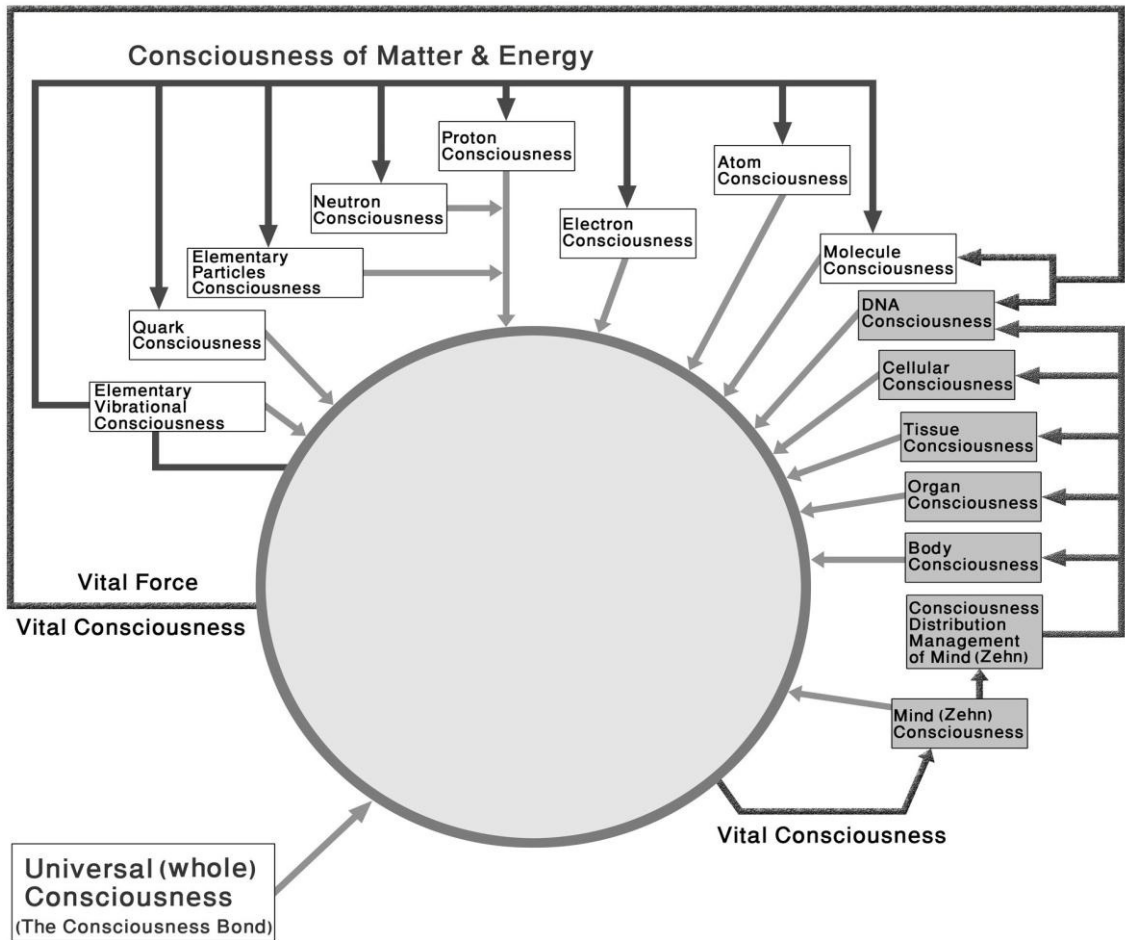


Figure 1. Theory of "Consciousness Bond" or "Constituents Having Consciousness In Common"

## 6. Examples of research performed on Faradarmani in Iran

- A study titled "The Study of Faradarmani's Effect on the Course of Asthma Treatment" was conducted as a medical doctoral thesis at Shahed University, and was defended in summer 2009 (Registration number P 389/77).
- Soroush Azemikhah (2009) conducted a survey on the effect of Faradarmani on 84 asthma patients at Mustafa Khomeini Hospital, Tehran, Iran. The statistical results showed the significant short time effect of Faradarmani on the severity and number of asthma attacks.
- A project titled "The effect of Faradarmani on pain relief in patients who have had a surgical operation" undertaken in the surgery ward of Tehran Imam Khomeini Hospital in 2008–2009 reported a general satisfaction among 110 patients of this ward and a decrease in morphine demand in 70% of patients.
- A project titled "Faradarmani's effect on the proliferation of skin tissue primary cell culture" in laboratory conditions (in vitro) undertaken in the Iran National Center of Genetic and Bioresources Bank in 2010 reported the positive effect of Faradarmani on cell proliferation of the tissue in the experiment, taking into account the application of this treatment method in human and animal skin repair (Taheri, 2011b).
- A project titled "The study of Faradarmani's effect on bronchiectasic patients who are candidates for lung transplant" undertaken in Masih Daneshvari Hospital in 2009-2010 reported significant meaningful results. It was found that Faradarmani had a considerable short term effect on the decline of the severity and frequency of Asthma attacks on patients. The statement of the Director of the transplantation ward, along with some recovery reports on patients who took part in this project, is published in the fourth Faradarmani supplement by Holistic Medicine and The Science of Medicine.
- Khoddami (2010), in a randomized clinical trial, tested the effect of Faradarmani on 34 Bronchiectasis patients who were on the lung transplantation waiting list in 2008-2009 at Masih Daneshvari Hospital in Tehran (11 patients in the control group and 23 in the treatment group). The spirometry, a six-minute walk test, estimated daily sputum amount and functional class were measured for each patient. The control group received only the standard prescribed treatment. After a brief general explanation about Faradarmani, the treatment group received Faradarmani treatment in addition to the standard prescribed treatment. The illness duration was 16 years in average; the patients' average age was 31, and 74% of the patients (25 patients) were male. In comparison with base measurements, in the treatment group a statistically significant and meaningful gain was observed in the distance travelled in the six-minute walk test, decrease in daily sputum amount, and improvement of functional class, all of which were not observed in the control group. Furthermore, oxygen requirement during the walking test was decreased in the treatment group. In addition, satisfaction and relief level in Faradarmani treatment group were higher than those of the control group. Nevertheless, FEV1 did not significantly change from the baseline. The findings indicate that Faradarmani can be an effective complementary and alternative medical treatment method in Bronchiectasis patients to improve their clinical conditions and their quality of life and wellbeing. Therefore, further research is strongly recommended to investigate the effectiveness and degree of permanence of this treatment method on other health conditions (Taheri, 2010b).

## 7. Faradarmani and public health

Generally speaking, from the existing studies it is inferred that general health is a broad issue that is influenced by many factors. Different methods are used for improving general health and C.A.M. can be considered one. Faradarmani, a branch of complementary and alternative medicine that comes with no side effects, is a newly introduced treatment, thus effective research is essential in studying the effects of Faradarmani. Although, in this regard, several studies have been conducted on physical illnesses, however comprehensive study has not been made on mental disorders and such research seems imperative. Based on the given explanation and considering the purpose of this research that is studying the effect of Faradarmani on general health, this article examines the following hypotheses:

- People who undergo the therapy of Faradarmani enjoy a higher level of general health compared to those who do not use Faradarmani.
- People who undergo the therapy of Faradarmani enjoy a higher level of physical health compared to those who do not use Faradarmani.
- People who undergo the therapy of Faradarmani suffer lower level of anxiety compared to those who do not use Faradarmani.
- People who undergo the therapy of Faradarmani have a lower level of impairment in social functioning compared to those who do not use Faradarmani.
- People who undergo the therapy of Faradarmani suffer a lower level of depression compared to those who do not use Faradarmani.

**8. Materials and methods**

The applied methodology is a comparative study used to determine the observed differences between the 2 groups. The target community consists of individuals who had attended Faradarmani classes in Tehran in the year 2009. It is necessary to mention that all individuals had spent at least one year in the classes. Furthermore as the list of the total community was not at hand, from a non-probability sampling, 25 people who had attended Faradarmani classes for more than a year were selected as a test group. In addition, 25 subjects who were considered comparable to the test group in terms of factors affecting level of general health, and had not participated in Faradarmani classes were selected as the control group. The research tool was the General Health & Questionnaire (GHQ-28) by Goldberg (1972) that was developed for identifying non-psychotic mental disorders. As Goldberg states, this questionnaire is not attempted to diagnose serious disorders such as schizophrenia or psychotic depression. The content of the questionnaire is, predominantly, the present psychological, physical and social issues of an individual and this is used for evaluating the person’s illness and health symptoms. The answers to each of the questions have four levels including "more than always", "like always", "less than always", "much less than always" or "none", "slightly", "very", "extremely". In all questions, lower levels indicate health, while higher degrees suggest disorder and lack of health. The questionnaire that was developed by Goldberg and Hieler in 1972 is a long factor analysis form that includes 28 questions. It contains 4 parts: physical symptoms, anxiety, impairment in social functioning, and severe depression. Each of these parts includes 7 questions. Goldberg (1980) reported that GHQ scores, regarding severity of disorders, are 80% in conformity with clinical results. According to Goldberg, different GHQ forms are highly valid and proficient. Moreover, in Iran, several studies have been carried out on different statistical groups of university and high school students, and employees. For instance, Hooman (1997), Palahangh (1995), Yaghoubi (1996), Mojahed (1995) and Shirazi (1999), have reported the reliability of Persian copy of CHQ-28 test, respectively, 84%, 91%, 88%, 62% and 82%. This shows a good and excellent reliability in all studies. In order to evaluate the study hypothesis, t-test was applied for comparing the standards of the two correlated groups.

**9. Results**

In order to compare the general health of the two groups, General Health & Questionnaire (GHQ-28) was administered in both groups. In this section with the use of inferential statistics, the data gathered in the study will be analyzed. It should be mentioned that an above average level in the variable of general health and its sub-scales, indicates a lower level of general health of the subjects.

Table 1. Comparison between the general well-being of those who received Faradarmani and those who did not

Public Health	Average	Standard Deviation	Standard Error	Number	Degree of Freedom	T	Level of Significance
Test group	6/72	4/345	0/869	25	24	- 5/413	0/000
Control group	16/20	8/216	1/643	25			

The calculated t value with a 24 degrees variation and 95% accuracy, showed significant and meaningful difference between the general health of the experimental (test) and control group and revealed that the general health of those who had received Faradarmani treatment was higher in comparison with those who had not.

Table 2. Comparison between the physical health of those who had received Faradarmani and those who did not

Physical Health	Average	Standard Deviation	Standard Error	Number	Degree of Freedom	T	Level of Significance
Test group	2/56	1/635	0/327	25	24	-2/791	0/010
Control group	4/56	3/203	0/641	25			

The calculated t value with a 24 degrees of freedom and 95% accuracy, showed significant and meaningful difference between the physical health of the experimental (test) and control group and revealed that the level of physical health of those who had received Faradarmani treatment was higher in comparison with those who had not.

Table 3. Comparison between the level of anxiety of those who had received Faradarmani treatment and those who did not

Anxiety	Average	Standard Deviation	Standard Error	Number	Degree of Freedom	T	Level of Significance
Test group	2/00	2/021	0/404	25	24	2/256	0/033
Control group	3/80	3/808	0/762	25		-	

The calculated t value with a 24 degrees of freedom and 95% accuracy, showed significant and meaningful difference between the level of anxiety of the experimental (test) and control group and revealed that the level of anxiety of those who had received Faradarmani treatment was lower in comparison with those who had not.

Table 4. Comparison between the impairment in social functioning of those who had received Faradarmani treatment and those who did not

Impairment in social functioning	Average	Standard Deviation	Standard Error	Number	Degree of Freedom	T	Level of Significance
Test group	1/84	2/267	0/453	25	24	-5/925	0/000
Control group	5/88	2/571	0/514	25			

The calculated t value with a 24 degrees of freedom and 95% accuracy, showed significant and meaningful difference between the level of impairment in social functioning of the experimental (test) and control group and revealed that the level of impairment in social functioning of those who had received Faradarmani treatment was lower in comparison with those who had not.

Table 5. Comparison between the level of depression of those who had received Faradarmani treatment and those who did not

Depression	Average	Standard Deviation	Standard Error	Number	Degree of Freedom	T	Level of Significance
Test group	0/36	0/569	0/114	25	24	-3/970	0/001
Control group	2/04	1/925	0/385	25			

The calculated t value with a 24 degrees of freedom and 95% accuracy, showed significant and meaningful difference between the level of depression of the experimental (test) and control group and revealed that the level of depression of those who had received Faradarmani treatment was lower in comparison with those who had not.

## 10. Results and discussion

Complementary or Alternative Medicines are difficult to define as they include a wide range of methods and viewpoints. It is argued that although some C.A.M methods are well recognized, others are unknown and some are even dangerous. From a sociological point of view, non-conventional medicine refers to medical practices that do not conform to medical standards. In addition, non-conventional therapies are also defined as "medical interventions that are not widely taught in medical schools and are normally not offered at hospitals" (Fane, 1984). The prevalence of practicing at least one type of C.A.M of several countries is as follows: England 33%, Australia 46%, United States 34%, Belgium 66-75 %, France 49%, Netherlands 18% and Germany 20-30 % (Zollman & Vickers, 1999). Unfortunately, even today when C.A.M. is discussed, most comments, pros and cons, are based on emotions rather than scientific evidence and this reduces effectiveness of the discussions (Fane, 1984). The results of a study in the UK show that the reason patients use C.A.M. is because they are dissatisfied with their GP's services and that they feel shortcomings in the services. The main part of this dissatisfaction is attributed to low communication skills of physicians, inadequate explanations about the nature of patient's illness, risks of new drugs and finally, lack of comprehensive care of patients. The patients who use complementary medicine, usually highly value the longer time that is spent on their treatment and detailed explanations that they receive about their illnesses. In addition, since most of these patients suffer from chronic diseases, they find the emotional support they receive very important (Zollman & Vickers, 1999).

In Iran, a research was conducted on 625 cancer patients, on the prevalence of C.A.M. practice. The results showed that 35% of patients had previously used C.A.M. and that C.A.M. was mainly used by breast and gastrointestinal cancer patients and almost 80% of patients stated that they required physicians to offer it. The most important reason for patients' tendency to use C.A.M. was, respectively, previous experience of using C.A.M. methods, hope of enhancing life expectancy and a faster physical recovery and safety of C.A.M. methods. 29% of patients were completely satisfied and 63% expressed their relative satisfaction with C.A.M. (Sajjadyan, 2005).

Due to its Eastern roots, most types of C.A.M. are commonly used in Asia and nowadays health systems of some Asian developed countries such as Japan, South Korea and Malaysia, have officially accepted these methods and have provided the necessary licenses for their services. Considering the need and tendency of physicians for using various complementary methods besides conventional medicine, the introduction of Faradarmani, as an effective Iranian C.A.M, to the global scientific society seems necessary. The purpose of this paper is studying the effect of Faradarmani on general health of people who had participated in Faradarmani classes. For this reason five important hypotheses were discussed. Based on the analysis of the survey data results, evidence shows that Faradarmani has generally positive impact on general health and its measures. In other words it could be concluded that Faradarmani, as a C.A.M can be useful and effective in improving people's physical and mental health. As Faradarmani does not intervene with conventional medicine and no medicinal supplements are prescribed in Faradarmani treatment, and considering that becoming acquainted with Faradarmani is done through a short period it is considered cost effective and applicable, thus if proven effective, it can be used to treat many illnesses that would otherwise require high treating or control costs. One of the features of Faradarmani is that it does not rely on the skill or experience of the Fara-therapist and regardless of the person carrying out the treatment, the outcome will be the same. Therefore, it is once again suggested to facilitate the grounds for exhaustive research in this field. Finally, **due to Faradarmani's high potentials as a complementary and alternative medicine that comes with no side effects, and improves the quality of life and well being, we suggest multi-central research to be carried out in order to achieve more precise statistics on the effectiveness and degree of permanence of this treatment method in treating physical and mental illnesses.**



## References

- Arias, A. J., Steinberg, K., Banga, A., & Trestman, R. L. (2006). Systematic review of the efficacy of meditation techniques as treatments for medical illness. *J Altern Complement Med.*, 12(8), 817-32.
- Azemikhah, S. (2010). *Study of the short term effect of Faradarmani on the severity and frequency of Asthma attacks*. Azimi, Gh., Shahed Medical School.
- Badger, T. A. (1992). Coping, life-style changes, health perceptions, and marital adjustment in middle-aged women and men with cardiovascular disease and their spouses. *Health Care for Women International*, 13(1), 43.
- Carson, R. C., Butcher, J. N., & Coleman, J. C. (1988). *Abnormal psychology and modern life*. Boston: Scott, Foreman & Company.
- Cohen, D., Yoon, D. P., & Johnstone, B. (2009). Differentiating the impact of spiritual experiences. Religious practices and congregational support on the mental health of individuals with heterogeneous medical disorders. *International Journal for the Psychology of Religion*, 19(1), 121-138.
- Fane, J. *The rise and fall of modern medicine*. Little Brown ISBN 316648361
- Hunt, L. M., Arar, N. H., & Akana, L. L. (2000). Herbs, prayer, and insulin. Use of medical and alternative treatments by a group of Mexican American diabetes patients. *J Fam Pract.*, 49(3), 216-23.
- Journal of Holistic medicine (medical informatics journals). (2009). Sixth year, No. 22
- Kennedy, J. E., Abbott, R. A., & Rosenberg, B. S. (2002). Changes in spirituality and well-being in a retreat program for cardiac patients. *Altern Ther Health Med.*, 8(4), 64-73.
- Maftoon, F., Seddighi, J., Azin, A., & Montazeri, A. (2006). C.A.M. *Payesh*, 1, 55-62.
- Rajaie, E. R., Bayyazi, M. H., & Habibipour, H. (2010). Basic religious beliefs, identity crises and general health of students, 22, 97- 107.
- Sarason, T. G., & Sarason, B. R. (2002). *Morbid psychology* (Najjariyan, tran.). Tehran: Rosht Publication.
- Sharifi, T., Mehrabizadeh Honarmand, M., & Shekarkan, H. (2003). Religious beliefs and general health in Azad University students of Ahwaz, *Andishe o rafter*, 1, 89-99.
- Shojaiyyan, R., & Zamani Monfared, A. (2003). Relation between praying and general health and job performance of technical staff of munition industry. *Psychiatry and clinical psychology of Iran*, 30, 33-40.
- Taheri, M. A. (2010a). *Human From Another Outlook* (9th ed.). Iran: Bijan Publication.
- Taheri, M. A. (2010b). A preliminary research report by Dr Khoddami. *Journal of medical sciences (Danesh-e Pezeshki)*, 4(1), 41-48.
- Taheri, M. A. (2011 b). Faradarmani effect on proliferation of skin tissues primary cell culture in laboratory condition. *Journal of Medical Sciences (Danesh-e Pezeshki)*, 4(1), 13-21.
- Taheri, M. A. (2011a). *Faradarmani*. Aremnia: Grigour Natoyasi.
- The World Health Organization (WHO). NCCAM research center, U.S.A.
- Zollman, C., & Vickers, A. (1999). Users and practitioners of complementary medicine. *British Medical Journal*, 319, 836-838.