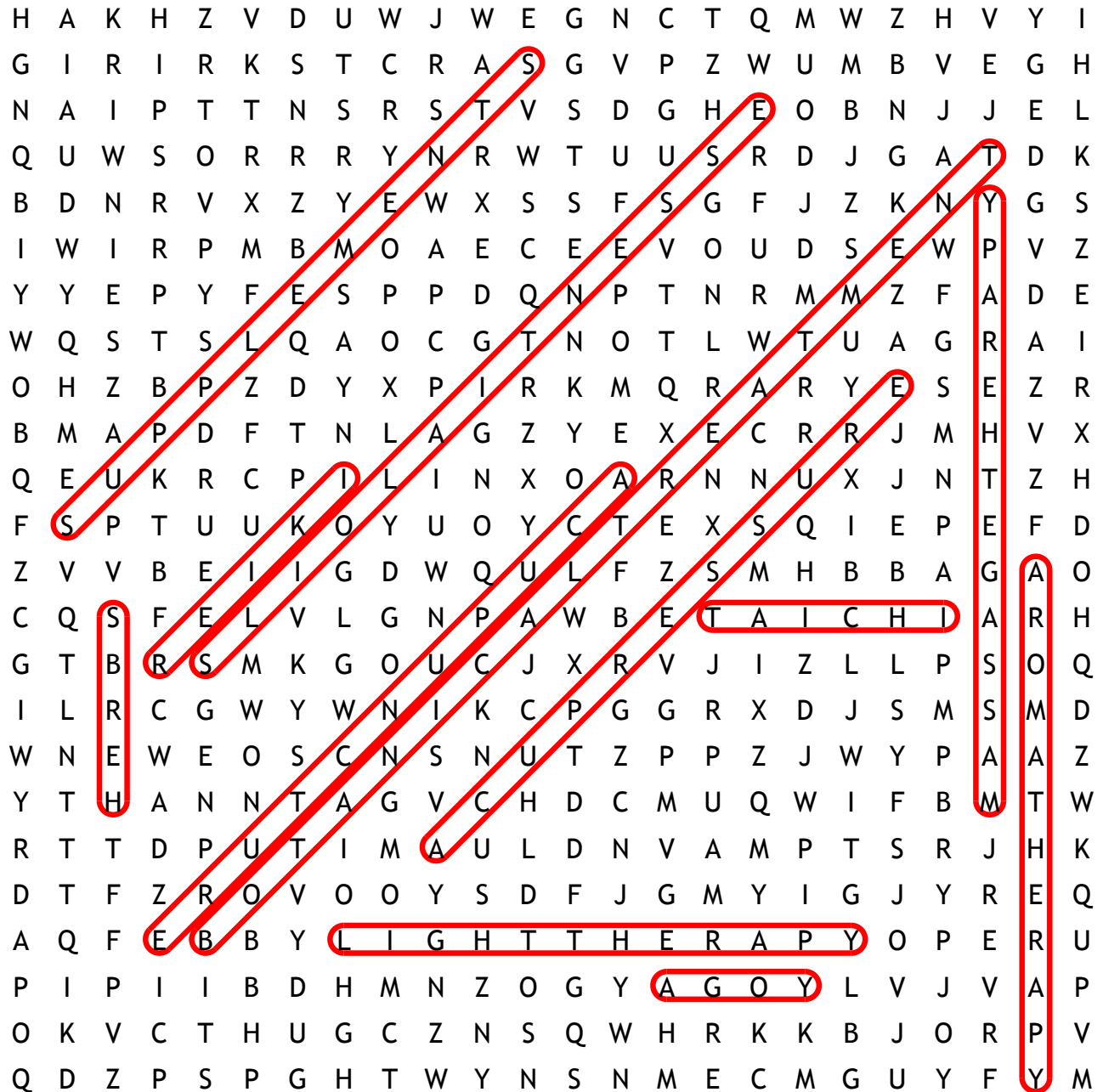


Name: _____

Date: _____

Alternative Therapies



botanical treatment

massage therapy

essential oils

light therapy

aromatherapy

supplements

acupressure

acupuncture

tai chi

herbs

reiki

yoga