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Virtual May 24-25 2021***

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Message: from the President of BioNatural Healing College (BNHC)



Greetings!

First and foremost, I am extremely thankful to Almighty God for granting me this opportunity to present the BioNatural Healing College E- Magazine to our dear readers. Also, I would like to thank you all especially those that are our dear readers that send us their valuable feedback and support. The information provided is for educational purposes only.

We hope this BNHC- E Magazine will be useful to you based with the contribution and dedication of many other respected researchers and colleagues around the globe. Thanking and wishing you all have the best health and prosperous life.

Best regards,
Dr. Nadir Sidiqi Ph.D.



BioNatural Healing College

BioNatural Healing College Hope you and your loved ones are staying healthy and safe during this pandemic (COVID-19). What we need to do especially during this uncertain time as follows:

1. Sanitation and Isolation from Social Interaction.
2. Positive Attitude will Increase the Power of Mind and Immune System.
3. Healthy Diet and Drink Plenty of Water (Honey with green tea, vitamin C), Get Enough Sleep.
4. Exercise (any type of physical activity for 30 minutes daily).
5. A Lot of Prayer to Almighty God (be patient, calm).

May Almighty God bless, guide us all (Humanity) and grant us the ability to find a cure for the elimination of COVID-19.

A Long Journey: The Psychological Adjustment of the Afghan Refugees in the United States

By: Dr. Khalil R. Rahmany John Muir Hospital, CA Board of Psychology



This study assessed the process of psychological assimilation and looked at the social and cultural adjustment of the Afghan refugees living in the San-

Francisco Bay Area. It also examined the general feelings of this population about their acculturation and adjustment process and explored their resettlement experiences in this country (primarily in the San Francisco Bay Area). This investigation also explored the relationship between the acculturation/resettlement experience and psychological symptomatology exhibited by this population in the process of adjustment.

This study illuminated the broad range of Afghani refugees' and immigrants' experiences of adjustment to American society. The study also offered suggestions to health professionals on dealing more effectively and culturally appropriately with their Afghan clients. The forty participants ranged from 20-54 years of age, (10 females, 30 males), all having migrated to the United States after the former Soviet Union invaded Afghanistan. The mailed survey, translated into Pashtu and Dari, solicited demographic information, refugees' experiences, attitudes toward acculturation, and the Brief Symptom Index, (BSI). The findings show that the majority of the participants exhibited psychological distress and grief over the loss of loved ones, friends, people, and country. The findings also revealed high scores on the BSI subscales for this population, particularly on somatization, Obsessive - compulsiveness, anxiety, and phobia.

Those participants who were fluent in English, especially females, were more open to acculturation. Yet females also displayed more symptomatology than the males. While the majority of the participants were employed, there were no significant differences in the acculturation and resettlement experiences of employed and unemployed participants. An overwhelming majority identified themselves categorically as Afghans and expressed their intention to return home at some point in the future. First their Afghan clients have experienced a great number of losses and are likely to be in some phase of the grief process. Secondly, many have experienced traumatic losses, imprisonment, torture, and war experiences, and will be experiencing chronic post-traumatic stress disorder. This is frequently misdiagnosed as major depression. Thirdly, the BSI results showed that male participants were more defensive than female participants in terms of admitting symptoms, and this should be taken into account by therapists. In other words, males are more likely to portray themselves as stronger and healthier in therapeutic settings than they actually are.

Assuming that Afghan refugees with psychological symptoms seek treatment, these diagnostic cautions should be heeded. However, there is a great reluctance to seek psychological assessment and therapy because of the strong stigma attached to any suggestion of mental illness. Furthermore, Afghans know little about the distinctions between different kinds of therapists, and are likely to expect, for example, that a psychologist will prescribe medication which will cure them quickly. Therapists need to be aware of differing expectations and lack of knowledge of the mental health field, and a psychoeducational approach with Afghan clients will be most effective. Spanking, for example, according to this investigator's clinical experience, is considered a disciplinary technique in Afghanistan and those parents unaware of the child abuse laws in this country may still exercise it.

In Afghanistan most family conflicts are resolved by the head of the family. Government involvement in family affairs is another unaccustomed issue for Afghans. When Child Protective Services (CPS) gets involved, the parents are in disillusionment and may not understand why this is happening to them. Afghan refugees are in need of preventive mental health services that will help them cope with the stressors of culture conflict and other psychosocial stressors. In particular, community resources in which Afghans can derive support from each other would be helpful. Some men are able to meet their social support needs through the mosques, but the majority of men are not able to use this resource and there are cultural constraints against women attending the mosque on a regular basis. This investigator suggests that segregated and separate support groups set up for women and men would provide some of these stress reducing preventive services. For example, an anthropologist organized a weekly picnic for 7 elderly Afghan women and observed markedly decreased psychological symptoms within a two-month period (Lipson & Omidian 1992). An intervention as simple as allowing isolated Afghans to get together to socialize may be helpful to more than a few. Mental health professionals also need to be aware of the culturally stereotypical nature of existing therapeutic models. The application of contemporary therapeutic approaches, developed by and for the dominant culture, to Afghan clients may be illogical, ineffective, and even damaging. Conversely, certain behavior patterns diagnosed as pathogenic in the dominant culture may be appropriate and adaptive in Afghan culture. Again, if therapy is to be responsive to the needs of this population, the therapist must have some knowledge of (and ideally some experience with) the specific Afghan cultural and psychological milieu. In addition to cultural familiarity, language difficulties need also to be addressed. Effective verbal interaction is relevant to both therapist and patient, and the introduction of a translator (professional or otherwise) into the clinical setting can be disruptive.

An abundance of culturally identical or culturally similar trained professionals would present the obvious solution to these problems, but unfortunately, the therapist to patient ratio within this community is small.

Despite the many similarities this population shares with other Middle Eastern peoples, Afghan refugees as a group survive traumas (foreign invasion, civil war, torture, genocide, forced migration) uncommon to other Muslim immigrants, and should therefore, this investigator believes, be treated differently. One should also note that most Afghans before the Soviet invasion lived in rural areas and were not exposed to the same degrees of education and Westernization as their Middle Eastern neighbors. While some common courtesies may be harmlessly overlooked in interaction with an Arab immigrant, for example, the same courtesies should be observed with diligence and sensitivity of the Afghan client.

Several domains should be considered in therapeutic approaches and social interaction with Afghan clients:

- In therapy, an Afghan client may feel quite threatened by free association and the resultant self disclosure.
- Talking about an immediate family member (e.g., parent, spouse, sibling, child) may be perceived by the patient as betrayal, wherever such issues in Afghanistan were resolved by the patriarch or head of the extended family.
- In therapy, a male Afghan may avoid emoting and will attempt instead to depict an image of perfect health. In such cases, the therapist or counselor must be especially attentive to psychosomatic complaints, and interpret them accordingly.
- Female clients, according to this investigator's clinical experience, are willing (if reluctantly) to disclose emotions and to express feelings, but only after trusting, empathic, and congruent relationship has been established with a therapist of identical or similar cultural background.

- Culturally similar therapists are perceived to be more credible sources of help, since they are expected to better identify with a problem and therefore be more competent to solve it.
- Gender issue is another variable that mental health professionals and social service agencies need to embrace. While female therapists or psychiatrists may have some success with Afghan clients (particularly female), male therapists are preferred. Older male therapists are even more preferred, since age is thought to be synonymous with experience.
- Finally, direct eye contact, said in current therapeutic models to be the most effective means of establishing rapport and therapeutic alliance, is viewed by many Afghans, especially females, as inappropriate, provocative, and even insulting.

Despite the cultural, social, religious, and political differences of the Afghan refugees with their host country, this investigator believes that there is a good chance for resettlement agencies or government related agencies working with Afghan refugees to facilitate a less stressful adjustment to this country by aiding self-sufficiency. Once these uprooted refugees find that they can meet their basic needs, through their own efforts and resources, their cultural level of stress and anxiety will decline and their adjustment will occur more smoothly than has occurred in the past. Self-sufficiency employs several components, like English language ability, employment status, income level, physical and mental health status, understanding rights and obligations, knowledge about the culture and customs of the dominant society, and interaction within the community. All these factors are directly related to self-sufficiency and, therefore, affect refugees' adjustment in this country. This investigator also believes that despite the cultural, social, and religious differences of Afghan refugees, which hinder their adjustment to the new patterns of life in the U.S., the refugee services, both governmental and non-governmental, can and ought to address the emergent needs for greater self sufficiency among the refugees by providing culturally appropriate services and programs -- services and programs that will promote internal support, group socialization, and integrated group identity, all of which would lead to successful resettlement.

Skin—Our Largest Organ

By Dr. Bera Dordoni, N.D.



It's almost summertime! Time to show a little skin. What a remarkable organ. Skin. Covering every part of our body, it certainly qualifies as our largest organ. Except for our face, though, we tend to take our skin for granted—until it bothers us, that is.

If our skin develops a rash, we notice it. If it itches, we scratch, moisturize or cover it with a steroid cream to suppress the itch. Dry, oily, wrinkled—now our skin has our attention! Beyond that, though, how many of us realize the **extreme importance** of this "backup" organ?

Fact: Approximately 15-20% of the average adult's total body weight is skin.

Fact: Skin is filled with billions of cells, thousands of sensory points, sweat glands, sebaceous glands -- each performing its own function for keeping the skin healthy.

Fact: Skin is a protective barrier, our first line of defense against foreign invaders, infections, dehydration, injuries and other outside elements.

Fact: Skin has an enzymatic detoxification process similar to the liver—in other words, it helps us clean out.

Fact: Topical nutrients applied to the skin are absorbed and transferred directly into the bloodstream. And that's where the problem comes in.

Nondiscriminatory

Skin does not discriminate between natural and synthetic chemicals—it absorbs whatever is applied to it. When you shower without a filter on your showerhead, you absorb more undesirable elements through your skin than you would if you drank straight tap water.



Here's why: All the stuff in regular tap water that made you start drinking bottled or filtered water—especially large amounts of chlorine—is being absorbed through your skin in your bathtub. You cannot escape the chlorine; it is used to disinfect municipal water systems, just like it is added to backyard swimming pools to disinfect the pool. You know better than to drink pool water. You probably take a shower after getting out of the pool to rinse off the chlorine—but did you realize you're merely rinsing off with more of the same?

Chlorine chemically bonds with the proteins in the body, causing dry skin and hair and irritating the eyes. Inhaled directly into the lungs via shower vapor, it can contribute to a number of other health problems, such as cancer and reproductive dysfunction.

What can you do? Use a shower filter to trap the chlorine, dirt, and smells inherent in tap water *before* it gets to your body.

Scary Problem, Delightful Solution

Once you have a shower filter, all you have to do is exfoliate.

Yup, that's the answer. Whether dry, oily or "normal," your skin needs to be exfoliated regularly. Sloughing off dead surface cells oxygenates the skin and revives its texture by clearing out congested sebaceous or "sweat" glands and opening up clogged pores.

Clogged, dirty pores resist nutrient absorption and hold in toxins.

Open, clean pores allow for nutrient absorption and toxin release.

And it feels so good.

There are salt scrubs. There are sugar scrubs. You can purchase them in health-food stores, or you can make your own. I love making my own because I can add a few drops of my choice of essential oils.

When I want to feel invigorated I'll use rosemary and orange oils added either to mineral salt or sugar, depending on which base I want at the moment.

If I'm taking a shower or bath just before going to bed, I use my salt scrub with lavender oil, which is soothing and relaxing. Why the salt as opposed to the sugar before bed? Think minerals: a good mineral salt will provide you with extra relaxing minerals such as calcium and magnesium that just might help enhance your sleep.

Promises Promises...

Oily skin may keep you from wrinkling, as so many of our mothers promised us, but it sure doesn't keep us from breaking out. We start early learning to hide our blemishes with a cover-up. What we don't realize is that the cover-ups only cause further breakout!

It seems everyone has skin issues. We either want to retain our youthful, healthy skin, or get rid of acne and blemishes. Of course, we can certainly find enough products lining the store shelves that promise wrinkle-free, blemish-free, spot-free, line-free skin. The problem is, a lot of those commercial "beauty-in-a-jar" products are not cruelty-free—they were tested on animals in painful, unnecessary experiments. And the ingredients—most of which we cannot pronounce—often consist of various rancid animal byproducts. Even worse, an amazing number of the creams and lotions advertised on television and in "finer salons or department stores" are petroleum-based! You know petroleum—it's the stuff you put in your car tank!

Healthy, radiant skin needs to breathe. Read the label on the creams and makeup you purchase. Natural ingredients are organic, like our skin and bodies. Synthetic ingredients, obviously, are not—they're chemicals that can harm our delicate skin. Some of the more commonly used synthetic ingredients found in brand-name products are:

- **Propylene Glycol:** used in cosmetics as a humectant, surfactant, and solvent; used in cars as antifreeze and hydraulic brake fluid. Petroleum based, it can cause allergic and toxic reactions, and is being studied for its link to cancer when applied topically.

- **Mineral Oil:** used in place of fruit and vegetable oils such as avocado or apricot-kernel oil, because it is cheaper and more stable, it acts as a solvent on the skin (making it inappropriate for dry skin) and clogs the pores (making it inappropriate for oily skin). Applied topically to "normal" skin, it prevents the large organ from breathing.
- **Isopropyl Alcohol:** a synthetic alcohol produced by the hydration of ethylene—usually petroleum-based.
- **SD Alcohol:** "SD" stands for "specially denatured," meaning chemicals were added to render the alcohol poisonous to drink. The number following (i.e., SD Alcohol "40") refers to the particular chemicals added to determine in which products the alcohol should be used.
- **Paraffin Wax:** a petroleum byproduct. Think candles.
- **Triethanolamine:** used to create emulsions. Toxic due to over-alkalinity.
- **Methylparaben, propylparaben:** synthetic preservatives that can produce allergic reactions.
- **Stearic Acid:** usually an animal byproduct, which can cause allergic reactions.
- **Sodium Stearate:** 92.82% stearic acid. Used in creams and lotions.
- **Sodium Laurel/Laureth Sulfate:** used in hair-care products, this synthetic detergent that strips the hair and scalp of moisture can make dandruff and oily hair worse!

You won't find any of the above-listed bad ingredients in natural skin-care products. Instead, you'll find botanicals such as tea tree oil and grapefruit seed oil and alpha hydroxy acids taken from bilberry, apple, orange, lemon, grapefruit and sugar cane that help exfoliate dead skin cells very gently.

You'll also find essential oils of lavender, cypress, orchid, chamomile and peppermint as well as many other wonderful, natural ingredients in these moisturizing, cleansing, soothing, delicious-smelling, feel-good (and good-for-you) products for both men and women. Products like these won't be found in your general grocery stores or pharmacies. There are many online retailers now that offer wonderful natural products, and of course your local health-food store is an option. So is making your own.

If you want something very simple that is wonderful for your body, inside and out, get a jar of extra virgin coconut oil and apply that to your skin on a daily basis. It absorbs nicely, has great health benefits of its own (read the article at <http://www.bastis.org/coconut.htm> for more information on the health benefits), and smells divine.

The more ingredients that are organic, the better. 'Why is organic so important?' is a question I am often asked. My answer: because organic recognizes organic, and knows what to do with it and how to use it. Meaning.....? Did you know that you are, and every living thing, is an organic thing? Not necessarily grown without pesticides, as we might assume is the meaning of 'organic,' but grown into recognizable cellular patterns. That means our bodies recognize foods that are fruits, vegetables and the like..... all grown into cellular patterns. Put something on your skin that is organically based, and your body can make good use of it while still breathing, but put something like mineral oil on it and you suffocate your skin, clog it up, and might very well experience the breakouts that often accompany cheap, toxic ingredients. If the skin absorbs unhealthful ingredients for many years, much deeper health issues can result from the absorption into the vital organs over a long period of time, with their cumulative effects.

So, be good to yourself by being good to your skin. Read labels. If they contain some of the above-mentioned toxic ingredients, put the jar back and find one with more natural ingredients. Demand better products from the stores where you make most of your purchases; talk with management. Their job is to please the customers. Or if you prefer to shop online, do your research so you can find the best priced, most natural ingredients in what you intend to use on your body, most of which ought to be edible. This is the only package you get to be wrapped in this go-around, so preserve it with good foods and don't take it for granted.

About the Author

Dr. Bera Dordoni “The Wellness Whisperer” N.D. With over 35 years of serving as a vegan/vegetarian-oriented Naturopathic Doctor/nutritionist, Dr. Bera now focuses primarily on teaching Ho’oponopono in workshops and at retreats in her home in the Zuni mountains. She provides gourmet vegan meals and a relaxing stay where deer and wild turkeys play... as well as instruction in plant-based living, immune-system building and how to make the laws of attraction work for you. To learn more or book your stay, visit drberatl.com or bastis.org, or call (505) 783-9001.

Laughter is Good for You!

By Prof. Rosalie Stafford



In the last two issues of Bio-Natural Healing College's internet magazine, we looked at the sleep cycle, at sleep deprivation, at the four stages of sleep and, in particular, at the stage known as REM (*rapid eye movement*) sleep. We noted some of the ill-effects of sleep-deprivation and insufficient REM sleep, which include cognitive malfunction, impaired judgement, and poor decision-making. We discussed the necessity of getting sufficient health-giving sleep every day. This month, June of 2021, we will look at another phenomenon which, like sleep, is absolutely free-of-charge and which promotes good health: *laughter*.

What is Laughter?

Physically, laughter is the explosive emissions of air accompanied by inarticulate utterances. In written English, laughter is usually rendered as *ha-ha-ha* (sometime *ho-ho-ho*). Usually, laughter arises spontaneously, sometimes even surprising the person who laughs!

Normally, we think of laughter as an expression of *joy*, for example, the laughter you spontaneously emit when your baby does something adorable or the laughter that bubbles up when you see a loved one after an absence.

However, laughter can also be a reaction to your sudden feeling of *surprise* or *relief after stress*, for example the laughter that you spontaneously emit when you find something that you thought you had lost. Another aspect of laughter is the spontaneous *ha-ha-ha* you utter when you encounter something pleasantly or harmlessly incongruous. Your brain interprets this incongruity as funny or comical.

For example, seeing someone wearing mis-matched shoes would probably elicit a laugh because of the *incongruity*. Jokes present incongruities in verbal form.

Because humor is a cultural construct (different cultures enjoy different types of jokes), when you share a laugh with another person, it is a *bonding experience*. Sharing a joke and a laugh is an expression of the cultural values you share.

Sometimes, of course, you don't have to share a joke or a funny experience: sometimes just hearing another person laughing is enough to make you laugh. Just as you automatically yawn when someone around you yawns, you will tend to spontaneously laugh when someone around you enjoys a good belly-laugh.

Laughter Is Good for Your Health

The therapeutic benefits of laughter have been the subject of academic research since the mid-twentieth century (Seaward). Much has been published recently in both the popular press (e.g., “47”; Dr. Axe; Muller) and in academic journals (e.g., Amici; Derouesné; Heggie; Mora-Ripoll; Rindfleisch; Yim).

Psychologist Robert T. Muller summarizes the work of Spanish laughter-researcher Ramon Mora-Ripoll, medical scientific director at *Organización Mundial de la Risa*, Barcelona Spain:

[Mora-Ripoll] has shown that humor and laughter is related to health, and can release physical and emotional tension, improve immune functioning, stimulate circulation, elevate mood, enhance cognitive functioning and, not surprisingly, increase friendliness.

Professor Mora-Ripoll (2010) observes that there is no downside to laughter: “adverse effects are very limited, and laughter is practically lacking in contraindications.”

That point is significant in light of the fact that antidepressants are known to increase suicidal thoughts and actions in users under the age of 25 years (Simon). Laughter is free and has no side effects, whereas millions — literally millions! — of children and young people on antidepressants (such as fluvoxamine/fluoxetine) are forced to deal with serious side effects including suicidal thoughts actually caused by the psych meds they are so readily prescribed (CCHR).

If only these young people could have access to a safe, non-toxic therapy ...

Laughter is a Spontaneous Expression — Or Not

Notice that every aspect of the phenomenon of laughter (*the spontaneous expression of joy, surprise, relief, or the appreciation of something humorous or comical*) includes the sense of *spontaneity*.

It is interesting to note that forced laughter (*simulated laughter*) confers the same health benefits as spontaneous laughter. For instance, laughter is known to actively decrease stress-making hormones found in the blood, mitigate the effects of stress, and decrease serum levels of cortisol (Yim). Although it is counter-intuitive to think that non-spontaneously-arising laughter could be good for your health, physiologically, it actually functions the same as spontaneous laughter! Thus, making yourself laugh can actually function to, for example, mitigate the effects of stress.

Professor Mora-Ripoll (2017) writes: Therapeutic efficacy of laughter is mainly derived from spontaneous laughter (triggered by external stimuli or positive emotions) and self-induced laughter (triggered by oneself at will), both occurring with or without humor. The brain is not able to distinguish between these types; therefore, it is assumed that similar benefits may be achieved with one or the other.

Laughter Yoga

Professor Mora-Ripoll compares spontaneous laughter to simulated (self-induced) laughter: “Simulated laughter is triggered by oneself at will (self-induced, self-initiated, voluntary), with no specific reason (purposeful, unconditional), and therefore not elicited by humor, fun, other stimuli or positive emotions.” Because your brain really cannot differentiate between laughter that originates spontaneously and laughter that originates synthetically, once you start laughing, you get the health benefits of spontaneous laughter. Laughter Yoga builds on the physiological fact that you can trick your brain into providing your body the health benefits of spontaneous laughter.

Laughter Yoga is a very dynamic practice, and the best way to get an idea of how it works is to watch a video session conducted by master teacher Bianca Spears.

Ho! Ho! Ha-ha-ha! It’s worth a try!

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BioNatural Healing College

Post Conference Report

1st BioNatural Healing Conference Virtual May 24-25 2021

Conference Organizer: BioNatural Healing College (BNHC), Conference Committee Dr. Nadir Siddiqi (Conference Chair), Mr. Habib Mohammadi, Mr. Wais Seddiqi, Dr. Aziz Kamali, Dr. Bahaudin G. Mujtaba, Dr. Sally Warren, Dr. Mohammad Faisal Salim, Dr. Essa J. Siddiqi, Board of Directors, Ms. Aziza Siddiqi, Mr. Ghaus Siddiqui, Mr. Zalmal Gulzarzada, Mr. Naveid A. Siddiqi, and Dr. Nadir Siddiqi.

Venue: International Virtual Through Zoom Around the Global.

The objective of this virtual conference during the two days of May 24-25 2021 was threefold:

1. To foster discussion, implement to create and boost a healthy environment within our body system in regard to mind, body, spirit, foods, and lifestyle.
2. To acknowledge BioNatural products play a significant role in the improvement of health and well-being of humanity particularly phytonutrients.
3. To understand and collaborate the challenges and opportunities for the improvement of health and happiness of individuals, family, communities, and humanity. In addition, with consideration and better preparation such as safety, standardization of bioactive compounds derived from BioNatural products, climate changes, obesity, malnutrition, COVID-19, and other related health issues.

1st BioNatural Healing Conference Virtual May 24-25 2021

Conference Format:

Two –days virtual conference comprised of 4 plenary sessions, with 7-9 speakers except the 4 session with 5 with closing speech of Dr. Nadir Sidiqi Ph.D. Each speaker was 15 minutes to present, followed by 10 minutes Ph.D., candidate speakers. Unfortunately, we have missed Eng. . Mirwais Sediqmal Vice-Chancellor of Laghman University Afghanistan, Dr. Abdullah Mohmmad Shohael Jahangirnagar University, Bangladesh, and Dr. Assmatullah Dorani Chancellor Laghman University Afghanistan, due to family and emergency situation.

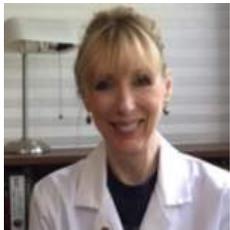
Conference Themes:

Phytonutrients
Nutrition and Health
The Stress in the Community
Health and Diseases
Mental Health and Happiness
Public Health
Malnutrition
Food Security
Soil Health and Plant Health
Environmental Health

Conference Committee and Speakers

1st BioNatural Healing Conference Virtual May 24-25 2021

Conference Committee



Dr. Sally Warren Ph.D., Build Green Now, American association of Hemp growers, US Hemp Builders Association.

Prof. Dr. Aziz Kamali MD, FACP, FRCPE, Associate Clinical Professor of Medicine at University of California (U.C. Davis), School of Medicine California.

Dr, Nadir Sidiqi Ph.D. Conference Chair, President/Dean of Academics of BioNatural Healing College (BNHC), Agricultural Adviser State of California Department of Pesticide Regulation.

Muhammad Faisal Salim, MD. Diplomate the American Board of Clinical Neurophysiology, Inc (ABCN). The American Board of Psychiatry and Neurology (ABPN). Diplomate ABCN Critical EEG Monitoring.

Essa J. Sidiqi MD Director and President of Lake Havasu Primary Care, PLLC , Director of Men's Health, PLLC, Associate Clinical prof. Walden University (NP program).

Dr. Bahaudin Mujtaba Prof. of International Management and HRM Huizenga College of Business and Entrepreneurship Nova Southeastern University 3301 College Ave. Fort Lauderdale, Fl. 33311 USA.

Habib Mohammadi Conference MC/Events Coordinator



Mr. Wais Seddiqi (B.S. University of California San Diego, major Biology, minor Psychology) Conference Coordinator, Student Service Coordinator at BioNatural Healing College (BNHC).

Keynote Speaker and Invited Speakers



Honorable Prof. Dr. Mohammad Osman Babury,
Title: Natural Ingredients of Afghanistan and its Role in the Health Sector.
Affiliation: Vice Chancellor of Kabul University of Afghanistan. (Professor of Pharmacognosy & Phytotherapy)



Eng. Mr. Mirwais Sediqmal
Title: Coronavirus an Overview in Laghman province and its behavior on Laghman University.
Affiliation: Vice-Chancellor Laghman University, Afghanistan.



Dr. Abdur Rauf
Title: “Scope of Ibn Sina’s (known as Avicenna) Cardiac Medicines in Healing Psychological and Cardiovascular Diseases”
Affiliation: Department of Ilmul Advia Ajmal Khan Tibbiya College Aligarh Muslim University, Aligarh, India



Dr. Rajan Gupta, MD
Title: Suffering & Its Solution
Affiliations: CEO & Medical Director Pain New Jersey.



Dr. Khalil Rahmany
Title: “Stress, Mental Health, and the Community”
Affiliation: John Muir Hospital Walnut Creek, Board of Psychology, California USA



Dr. Falak Zeb
Title: Effect of Ajwa Date Pits Powder (*Phoenix dactylifera L.*) on Body Composition, Lipid Profile and Blood Pressure of Patients with Hyperlipidemia
Affiliation: Department Human Nutrition and Dietetics, National University of Medical Sciences, Rawalpindi-Pakistan.



Prof. Josephine Kasolo Ph.D.
Title: Innovative way of developing drugs from plants in Low and Middle-income Countries.
Affiliation: Makerere University College of Health Sciences, Kampala, Uganda.

Invited Speakers



Dr. Bera Dordoni ND
Title: Rewrite Your Life Story with Ho'oponopono
Affiliation: The Wellness Whisperer

Dr. Karin Buchart
Title: Resin Salve in the Traditional Biogenic Medicine in The Alps, Austria
Affiliation: University of Salzburg, Austria Bioscience and Health



Dr. Tanveer Alam Ph.D.
Title: Natural Food Colours: Stability, Formulations & Their Application.
Affiliation: University of Nizwa, Oman. BioNatural Healing College (BNHC)



Dr. Sally Warren
Title: Hemp in housing for health
Affiliation: Build Green Now, American association of Hemp growers, US Hemp Builders Association



Dr. Sulaiman CT
Title: Scientific validation of traditional purification process and anti-cancer activity of Semecarpus anacardium L.f
Affiliation: Senior Scientist Phytochemistry Division Center for Medicinal Plants Research Arya Vaidya Sala Kottakhal Kerala, India.



Dr. Bahaudin G. Mujtaba
Title: Managing Mental Health, Stress, Conflict, and Suicidal Tendencies amid challenging Times.
Affiliation: Prof. of International Management and HRM Huizenga College of Business and Entrepreneurship Nova Southeastern University 3301 College Ave. Fort Lauderdale, Fl. 33311 USA.





Dr . Aicha Blama
Title: Healthy Diet of Sahran Algeria Population.
Affiliation: Division of Agri-Food Technologies. National Institute of Agronomic Research of Algeria (INRAA).

Dr. Pratibha Gupta, Ph. D.
Title: Diabetes: The More You Know
Affiliation: Research Associate Prof. Extension Specialist Food Nutrition and Health, Nutritional Biochemistry /Nutrigenomics Research A.R.D.P, College of Engineering, Science, Technology and Agriculture Central State University, Ohio USA.

Dr. Vivek Sharma
Title: Cytomorphological Evaluation, Phytochemical Characterization , and Bioactivities of *Vernonia amygdalina* Delile from Himachal Pradesh
Affiliation: Associate Professor-Botany (Medicinal Plants), Department of Botany, Eternal University, Baru Sahib, District Sirmour, Himachal Pradesh-173101 (India). Also, BioNatural Healing College.

Prof. Asmatullah Dorani
Title: Effect of Biochar Application in Soil Health's
Affiliation: Chancellor Laghman University, Afghanistan

Prof. Dr. Nazeer Ahmed
Title: Prophetic Medicine from a Spiritual Perspective
Affiliation: Director American Institute of Islamic History and Culture NASA Scientist California. Former Member, Karnataka State Knowledge Commission, Bangalore India

Dr. Achint Choksy Title: Future of Medicine: Healing through practicing precise and personalized epigenetic medicine that combines ancient and eastern with modern and western healing Modalities.
Affiliation: CEO and Medical Advisor for RxPredict, Inc. CEO of GenoSup, Inc. USA.





Shivani Sharma
Ph.D., Candidate
Title: *BOTANICAL AND PHYTOPHARMACOLOGICAL EXPLORATION OF BOERHAVIA DIFFUSA (L.) FROM SIRMOUR DISTRICT OF HIMACHAL PRADESH*
Affiliation: Department of Botany, Eternal University, Baru Sahib-173101 (H.P.) India.



Shagun Sharma
Title: *Botanical and Phytopharmacological Exploration of Genus Berberis (L.) from Himachal Pradesh*
Affiliation: Department of Botany, Eternal University, Baru Sahib-173101 (H.P.) India.



Pratibha Sharma Ph.D., Candidate
Title: *MAIZE MORADO (PURPLE CORN) HEALTH BENEFITS*
Affiliation: Department of Biotechnology, Eternal University, Baru Sahib-173101 (H.P.) India.



Jasneet Kour Ph.D Candidate
Title: Investigations on the Herb species of genus *Phyllanthus* (L.)
Affiliation: Department of Botany, Eternal University, Baru Sahib-173101 (H.P.) India.



Prof. Nilima Mishra
Title: Nutraceutical and the Functional Foods
Affiliation: State Extension Specialist for Dietetics and Human Nutrition Kentucky State University, USA.





Anjali Thakur Ph.D., Candidate

Title: *COMPARATIVE PRILIMINARY QUALITATIVE ANALYSIS OF LEAVES AND STEM OF CRUDE EXTRACT OF MURRAYA KOI (L.) SPRENGENIGI*

Affiliation: Department of Botany, Eternal University, Baru Sahib-173101 (H.P.) India.



Rohita Singla Ph.D., Candidate

Title: Botanical and Phyto-pharmacological Exploration of Genus *Physalis* (L.) from North India

Affiliation: Department of Botany, Eternal University, Baru Sahib-173101 (H.P.) India.



Srishti Chauhan Post Graduate Student

Title: Phytochemical Characterization and Bioactivities of *Woodfordia fruticosa* (L.) Kurz (Dhataki) from District Sirmour (H.P.).

Affiliation: Department of Botany, Eternal University, Baru Sahib-173101 (H.P.)



Deepika Thakur Post Graduate Student

Title: Hydroponics and Phytochemical Characterization of *Bacopa monnieri* (L.) (Brahmi) from Himachal Pradesh .

Affiliation: Department of Botany, Eternal University, Baru Sahib-173101 (H.P.) India





Mission: BioNatural Healing College is a non-profit public benefit institution that has tax-exempt status under the Internal Revenue Service, Section 501(c)(3) of the United States of America. Our goal is to offer a high-quality education a diploma program as well as holistic health and nutrition conferences, seminars, workshop, and continuing education. The focus of these educational programs is to offer healing and holistic nutrition science through online distance learning. These dynamic online education programs will provide diverse adult learners throughout the world the experience of enhancing their quality of life, their health, and their happiness.

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