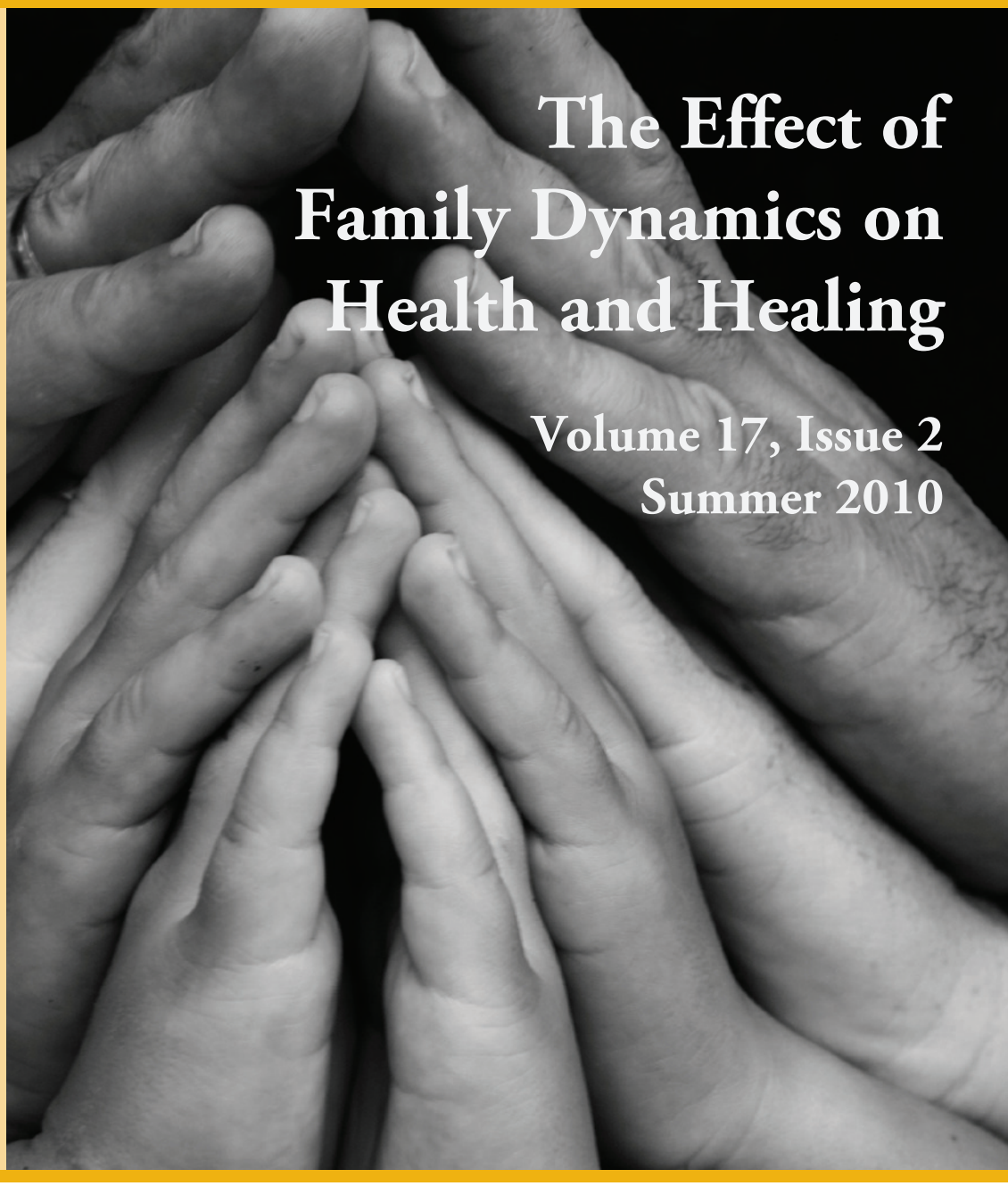
VitalLink

The professional journal of the Canadian Association of Naturopathic Doctors

Feature Articles



The Effect of Family Dynamics on Health and Healing

Volume 17, Issue 2
Summer 2010

Canadian Association of Naturopathic Doctors
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Vitamin B_1 (Thiamine HCl)	3 mg	Vanadium Chelate	3 mcg
Vitamin B_2 (Riboflavin 5-Phosphate)	5 mg	Chromium Chelate	40 mcg
Vitamin B_3 (Niacinamide)	15 mg	Copper Citrate	200 mcg
Vitamin B_5 (Calcium Pantothenate)	10 mg	Manganese Citrate	200 mcg
Vitamin B_6 (Pyridoxal 5-Phosphate)	5 mg	Choline Citrate	40 mg
Vitamin B_{12} (Methylcobalamine)	6 mcg	Citrus Bioflavonoids 50% Hesperidin	15 mg
Folic Acid (as folate)	400 mcg	DHA	350 mg
Biotin	300 mcg	Berry Flavor Mix OR Tropical Punch Flavor	3577 mg
Calcium Citrate	100 mg	Natural Lemon Flavor	795 mg
Magnesium Glycinate	50 mg	Malic Acid	596 mg
Iron Glycinate	2 mg	Stevia	795 mg

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For children between the ages of 4–12: mix 1 scoop daily in 8 oz. or more of water or natural, unsweetened fruit juice. Stir well until dissolved.

For children of 3 years or younger and above the age of 12: please consult your health care practitioner for dosage.

INDICATIONS

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Summer 2010

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Vital Link

Volume 17, Issue 1, Summer 2010
The Effect of Family Dynamics on Health and Healing

The *Vital Link* is the professional journal of the Canadian Association of Naturopathic Doctors (CAND). It is published primarily for CAND members and features detailed reviews of specific causal factors: philosophical and research-based papers, clinical practice articles and case reviews, as well as international updates on the profession. The *Vital Link* has an outreach to other health care professions and promotes qualified naturopathic doctors to corporations, insurance companies and the Canadian government.

Forthcoming Themes

Fall 2010
Smart Phone Culture: Technological Advance or Cause of Disease?

Winter - Spring 2011
The Missing Ingredient: Posture

Summer 2011
The Psychology of Healing

Submissions
When writing for the *Vital Link*, keep in mind its broad readership and outreach to other professions. Your contribution to the *Vital Link* will benefit the naturopathic profession as a whole and provide you with personal professional exposure. Previously unpublished material is preferred. Please contact the managing editor for submission guidelines.

Circulation
The *Vital Link* is published three times per year and is distributed to over 1900 qualified Canadian NDs and students of CNME-accredited naturopathic programs in Canada and the U.S. The *Vital Link* is also distributed to the CAND's corporate members and in our media kit. The journal is available electronically to members only.

Advertising
Professional vendors providing NHPD-compliant products or other services to NDs are encouraged to advertise in the *Vital Link*. The CAND's advertising partners enjoy unequalled exposure to qualified Canadian naturopathic doctors.

NATUROPATHIC NOTES

Dr. Iva Lloyd, RPP, ND, CAND Past-Chair
***Vital Link* Naturopathic Editor in Chief**

The first "new" edition of the *Vital Link* was launched in March and has received wonderful feedback and complements from the naturopathic community. I trust you will find our current edition just as informative and valuable.

The focus of this issue is on the effect of family dynamics on health and healing. It explores many facets of the theme including elder care, fear and parenting and the impact of chronic illness on a family. Family dynamics was chosen as a topic to explore as a person's family – whether good or bad, present or absent – influences all aspects of health and healing, disease and dying. Family dynamics are often a contributing factor to disease, and can sometimes be the root cause. Family dynamics are often the key factor determining whether a person will survive or die in a time of crisis.

In our busy world the importance of family is often overlooked or taken for granted. The notion that building a strong healthy family unit takes time, patience and commitment might be replaced with the desire for external achievements and individual accomplishments.

Our hope is that this issue's articles reinforce the role of family dynamics and provide readers with some suggestions of how to include in practice a more in-depth assessment of family dynamics and how to recognize when it is an obstacle to cure. We welcome your feedback on these articles.

In this edition of the *Vital Link* Dr. Jean-Jacques Dugoua, ND, PhD (Cand.) provides a review of the databases available for naturopathic doctors. This article is part of the CAND's ongoing effort to provide naturopathic doctors with tools and services that will support them in the daily operations of naturopathic practice.

As part of the ongoing changes to the *Vital Link* you will find our first ND Spotlight on Dr. Pat Wolfe, ND. Dr. Isis van Loon, ND has graciously taken the time to explore Dr. Wolfe, ND's story and provide readers with an understanding of what motivates Dr. Wolfe, ND and what has contributed to her continual dedication to our profession.

We welcome the following new editors to the *Vital Link*: Dr. Marcia Prenguber, ND and Dr. Marianne Trevorrow, ND. Their editorial experience and deep involvement in many aspects of the profession are a wonderful addition to our editorial team and will assist us in producing a world-class professional journal.

Enjoy.

SAVE YOURSELF AN INCONVENIENCE.

UPDATE YOUR CONTACT INFO!

Our Membership Directory provides the primary clinic info of all CAND ND members across the country.

The end of July marks the annual contact info update deadline for the Directory.

Please ensure the CAND is aware of your current clinic information by taking a moment to check your primary clinic listing at: www.cand.ca/index.php?findnd

If the info is incorrect please notify us at info@cand.ca or 416.496.8633.

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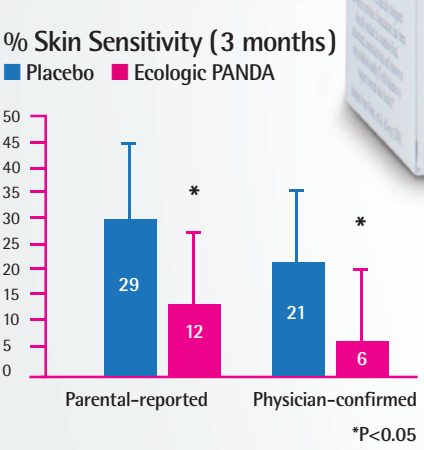

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ND SPOTLIGHT: DR. PATRICIA WOLFE, ND

By Dr. Isis van Loon, ND

Dr. Patricia Wolfe has never felt a need for being at the centre of attention. She is nonetheless a very significant figure in naturopathic medicine.

Born in Trenton New Jersey into a working class family in the early 1950s, Dr. Wolfe still has a faint trace of an accent. She speaks softly and without hubris, and her self-effacing quietness often leads people to underestimate her. Behind her quiet, unassuming persona is a determined and powerful woman who has shaped both Canadian naturopathic medical schools, and who is currently the only woman naturopathic school president in North America.

As a young child Pat was unwell, suffering through repeated infections and subsequent rounds of antibiotics. One weekend she became very ill when her regular MD was away golfing, and the only doctor available was Dr. Strauss. For the first time, Pat met a doctor who listened carefully and clearly cared about her. Dr. Strauss was determined to get to the root of her poor health, and discovered that she had congenital hydronephrosis.

Over the subsequent years, Pat stoically underwent numerous procedures and surgeries and came under the care of many different doctors and nurses. None of them, however, would leave such a deep impression upon her as Dr. Straus, the humble doctor who found the root of her problems, listened to the young child, and offered her his compassion and hope through her difficult early years. The doctor became her hero, and young Pat wanted desperately to follow in his footsteps and live a life of service even though her working class family origins made that seem like an impossible dream.

Pat started University at Douglas, in New Jersey, and planned to become a medical technician, a position she felt was more within her reach. In 1971 she married and moved to Canada where she completed a degree in sociology at York University. However, she still wanted to become a doctor.

After graduation Pat worked for several years with developmentally disabled people. During this time she realized that she did not have much belief in conventional medicine and by chance a friend introduced her to naturopathic medicine and told her about a school that was scheduled to open. She discovered that unlike conventional medicine, naturopathic medicine honours mind, body and spirit, and became determined to become an ND. Pat applied to the charter class of OCNM which would not start until two years later. “I decided to take a chance on a new school and wait for it to open,” she says.

The first class was small, often with only 10 to 12 students in attendance. The students were mature, and became heavily involved with the instructors in developing the program. “It was a very interactive and self-responsible learning situation,” says Dr. Wolfe. In those days, the faculty of OCNM often went unpaid, and the school was in dire straits. “Everyone did what they had to,” she explains.

Dr. Wolfe’s first daughter Tara was born the day she finished her clinical training, and after graduation she opened a practice in Bancroft, Ontario. For five years she practiced, and continued her commitment to OCNM as a clinic supervisor and part time research director.

When the school encountered administrative and financial difficulties, an outside group of NDs became involved with what would eventually become CCNM. Dr. Wolfe explained that while their intentions were good, they “tarred everyone with the same brush.” She subsequently left OCNM/CCNM, and spent the following 11 years focusing on her private practice.

In 1992 she took a position as Assistant Executive Director for the United Cerebral Palsy organization in New Jersey. It was here she learned hands-on about accreditation, as well as management. “I began approaching staff as I approached patients – listening and focusing on change in a positive direction,” Pat says.

After her second daughter Cory was born in 1996, Pat returned to Canada to focus on naturopathic medicine. She arrived in BC, and fell in love with the ocean and coast. “It was like I had found home.” She moved to BC in 1998, and within a short time heard a new naturopathic school would be opening. She became involved in 2001, and became BINM President in 2002.

Dr. Wolfe lives on Gabriola Island, several hours from the New Westminster campus. When asked how she has managed to balance work and family, she admits that she wishes she had had more time with her children, especially when they were young. “The kids would probably say they did not get as much attention as they would have liked,” she admits wistfully. However, on the other hand, Pat is proud that both children have turned out to be independent and self-responsible. There were trade-offs, she admits. Tara and Cory “have seen that you can put your mind to something and accomplish it.”

The team that successfully brought the school to full CNME accreditation status in 2008 was lead by Dr. Wolfe. Despite this major achievement, she remained a very quiet and retiring force. She was determined to step down into the part-time role of President Emeritus and focus on her passions: reflective, self-responsible learning, and working to achieve degree granting status for the school. By mid 2009 she began the new part-time role, taking a few well-earned months off during the summer as the new President began his tenure.

Dr. Wolfe never had the desire to step into a leadership role. “I’m not a very political person,” she states. However, Pat has a strong sense of service. When she sees something that needs to be done and no one else will do it, she can be counted on to step in and take over. When BINM’s President resigned suddenly after only nine months in office, Dr. Wolfe stepped back in to fill the void. Knowing that the school would need careful guidance during this time of change, she has returned to the helm as interim President, giving up her well earned position as President Emeritus to once again quietly step in and do what she perceives needs to be done.

CLINICALLY-USEFUL ELECTRONIC DATABASES FOR NDs

Dr. Jean-Jacques Dugoua, ND, PhD (cand.)

Books, I remember books. Approximately 10 percent of my five-digit annual naturopathic tuition was spent on books. Sexy cover pages, shiny plastic wrap and that new book smell. Each inch of book would almost equal a one hundred dollar cover price.

Most of these books now sit in a corner of my office. On occasion, I use my acupuncture atlas for new point location. I consult the Textbook of Naturopathic Medicine here and there (that cost me over three hundred dollars). Mostly my books are there to make me look smart and convey an air of intellectualism.

When I need current info, quickly, I look online at electronic databases. Here is an overview of the databases I navigate, which I hope you will find useful.

CLINICAL DATABASES

Medscape.com

A free database from WebMD for primary care doctors. Includes news updates, CE modules, drug information and research articles via Medline.

I mostly use this site to look up drug information. Provides information on the most common side effects, dosing, clinical indications of drug and even pictures of the pills.

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labtestsonline.org

A comprehensive database of laboratory tests designed to answer questions and concerns by the patient. A great site to refer your patient to or print off information from to ease their anxiety.

Provides the following information for blood tests in a Q&A format for patients:

- Why it is tested?
- When to get tested?
- What type of sample is required?
- Is there any preparation required?
- What does it mean?
- Frequently asked questions

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nlm.nih.gov/databases

A comprehensive list of the U.S. National Institutes of health databases. Nearly 100 databases associated with this link. Here are a few of interest:

- AIDSinfo
- Cancer Information
- Developmental and Reproductive Toxicology Database
- Dietary Supplements Database
- Drug Information
- Genome Project
- LactMed - Drugs in Lactation Database
- TOXLINE
- Pubmed

About the Author:

Dr. Jean-Jacques Dugoua, or Dr. JJ as he is affectionately known, is a researcher at the Motherisk Program at Sick Kids Hospital. He is a licensed naturopathic doctor at the Liberty Clinic in downtown Toronto and at the Toronto Western Hospital in the Artist Health Center. Dr. JJ is a co-author of "Herbal Medicines in Pregnancy and Lactation – An Evidence-based Approach First Edition" (Taylor & Francis, 2006) and has over a dozen peer-reviewed scientific publications published or in press. He is a leading expert on natural health products, pharmacology and pregnancy safety.

Dr. JJ is an avid public speaker. Dr. JJ has given presentations in Canada and internationally, including presentations at the World Health Organization in Washington DC. Dr. JJ is the co-host of the popular podcast vitaminjunkeys.com, which received >100,000 viewings in 2009.

Dr. JJ is completing his PhD in Pharmacy Sciences at the University of Toronto.

NATURAL PRODUCT DATABASES

Name	Overview	Why it's great	Drawbacks
Naturaldatabase.com	My most frequently-visited online tool. Membership is about $90/year, however, it may be included through some of the ND professional associations. Provides brief monographs on most NHPs. The monographs include the following headings: • Common names and synonyms • Traditional uses • Clinical indications based on evidence of therapeutic effectiveness • Adverse reactions • Safety (including pregnancy and lactation) • Mechanism of action (pharmacology) • Interactions: drug, disease, food, lab test and other natural health products • Dosing • References • A printable version to give to patients.	1. Very useful for drug interactions. The first database I consult for NHP-drug interactions. 2. Very easily searchable. e.g., user can search the Mechanism of Action section of every monograph for the word "angiogenesis". 3. For treatment ideas, user can see what natural products have been shown to be most effective. 4. Provides succinct information.	1. Not free. 2. Sometimes slow to access online, but once logged-in it is very fast. 3. Database is current, however, breaking research from Pubmed is not incorporated until months later.
Naturalstandard.com	The database I consult the second most. Focuses on very detailed evidence-based assessments of NHPs. Membership is $90/year, however, may be included through some of the ND professional associations. Includes monographs on health & wellness (e.g., yoga, meditation, reiki), nutrient depletions, genomics and proteonomics, environmental and global health, a DDX tool and sports medicine. Monographs of natural products are provided (Natural Standards monographs are considerably more detailed than naturaldatabase.com's). User can choose between brief monographs, professional monographs (most detailed), Harvard Medical School monographs and a flashcard. Professional monographs include the following headings: • Common names and synonyms • Background • A summary table of clinical indications based on evidence of effectiveness – the quality of evidence is rated from Grades A to F • Historical use • Dosing including pediatric and senior (more detailed than naturaldatabase.com) • Toxicology • Adverse effects • Cautions and contraindications • Interactions: drug, disease, food, lab test and other natural health products • Mechanism of action (pharmacology and pharmacokinetics/dynamics) • Clinical indication evidence table • Detailed evidence discussion • References • A printable version for patients	1. Provides the most detailed source of online NHP monographs. 2. Evidence ratings help to judge the quality of the studies on any given NHP. 3. Studies on other therapies are included. e.g., if looking for a study on acupuncture for back pain, it will be on this site. 4. Studies from Pubmed are updated at a slightly quicker pace than on naturaldatabase.com	1. Not free. 2. Since it is so detailed, user may get more information than needed. 3. Search feature is inferior to naturaldatabase.com's
HealthNotes Online	Healthnotes is a source of science-based information on CAM for consumers and healthcare professionals. Provides NHP, lifestyle and diet recommendations for clinical conditions as well as a brief overview of most NHPs, including homoepathics. Features a drug safety checker, many diet tools and handouts.	1. It's generally free. Healthnotes has licensed its database to many websites, such as http://www.truestarhealth.com/Notes/healthnotes.asp 2. Short, succinct write-ups. 3. The diet and nutrition sections are clinically useful and best covered in Healthnotes versus other databases.	1. Not as exhaustive and evidence-based as the two databases above.
NDAssist	Designed by Dr. Matt Gowan, ND, NDAssist is a database of naturopathic products and treatment options. Database provides treatments and associated products from leading manufacturers, simplifies the process of ordering lab tests and manages clinical information. Database also includes course notes from CCNM.	1. Only a one-time fee of $20 for installation CD. 2. If you need more product knowledge, this is a great tool for you. 3. Access to CCNM notes	1. Not as exhaustive as the three databases above. 2. Updates less frequent than the other three databases. 3. If user has good product knowledge, this program may be less useful.

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standardized to contain ginkgolides & bilobalide 3.6 mg

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GOVERNMENT RELATIONS AND POLICY UPDATE

Shawn O'Reilly
Executive Director, Director of Government Relations

Listed below are some of the highlights of recent work carried out by the CAND Government Relations Committee.

Update on our GST/HST Exempt Status under the Excise Tax Act

- Application was formally accepted by the Minister who instructed the Finance Branch to investigate our request
- Finance department has sent letters to all provinces/ territories asking for confirmation of member support and associations are responding
- Although the process is moving along quickly, a decision was not reached before the implementation of the HST in B.C. and Ontario on July 1, 2010
- All NDs must continue to charge GST/HST until such time as the Government proceeds with a proposal to amend the Excise Tax Act to include a GST/HST exemption for naturopathic services.

Proposed Regulatory Amendment to NHP regulations to address NAPRA Position Statement

- NAPRA issued position advising pharmacists not to sell products without a DIN, NHN or DIN-HM
- PAC members met with NAPRA, NHPD, Health Canada and Minister of Health to address concerns; NAPRA position would mean removal of products that have not yet completed NHPD review, impact the economy and cause confusion for the public
- Proposed regulations for unprocessed product licenses were published in Canada Gazette 1 on May 8, 2010. The comment period expired June 6, 2010
- CAND submitted comments and while providing general support is concerned safety restrictions might impact ND access to some products. Recommended draft be amended to except those products in the risk categories when dispensed by a practitioner (ND) within a patient-practitioner relationship
- We have been advised that 80 comments were received and generally showed support
- Changes will be made based on comments received
- Health Minister is in support and it is expected the proposed regulations will go before the Treasury Board for approval at its July meeting
- If approved the regulations will be published in Gazette II and come into force before the fall.

Inaugural Program Advisory Committee (PAC) NHPD winds up initial work.

- Over the past year, this inaugural group completed a review of both the Standards of Evidence and Product Testing Guidelines and provided the NHPD with over 60 recommendations for improvement
- The CAND (Shawn O'Reilly) co-chaired the Standards of Evidence Working Group which provided over 30 recommendations alone
- The reports to the NHPD and the preliminary responses can be found on the NHPD website along with PAC terms of reference and member bios at http://www.hc-sc.gc.ca/dph-mps/prodnatur/activit/com/soe-rep-rap-eng.php
- Recommendations on the Compliance and Enforcement Policy have been submitted and are expected to be completed and posted over the summer
- Nominations for the permanent PAC have been received and are under review. The CAND is expected to continue as one of the active members moving forward
- If the CAND is approved, there will be opportunities for NDs to participate on working groups as experts.

Follow up to Bill C-6,(C-36), Canada Consumer Product Safety Act.

- Bill received first reading in the House of Commons on June 9, 2010
- Specifically states it does not apply to natural health products
- Changes have been made to several sections including trespass as brought forward by the Senate
- Bill is expected to receive all party support but not until the fall as the House of Commons is now in recess until September.

STAYING WELL WHEN A FAMILY MEMBER IS CHRONICALLY ILL

Dr. Neil McKinney, ND

Seeing a family member in distress is profoundly disturbing to the wellness of everyone near and dear. Illness creates changes and stresses in the entire family system. Its impact is felt at the emotional and relationship level, and ripples into physical spaces, budgets, and other shared resources.

The emotional strain of witnessing suffering can be intense. Fear of various possible bad outcomes triggers anxiety, even panic. I say fear is faith that there will be a bad outcome. It is easy to forget that if you can worry, you are probably highly skilled at visualization and imagination. You can choose to visualize your loved one on the positive side of the statistical divide. A grim prognosis demands a belief in an exception to the rule. Sometimes we must cling to the hope of a miracle. Hope is never false, and it is a healing force. Surround the patient with an encouraging and positive attitude.

Naturopathic doctors have been told early in our training to give due regard to the motto "Physician, Heal Thyself". On airplanes, they tell us that in an emergency to "put on your own oxygen mask first, before assisting others," It is easy to forget this priceless wisdom in a family medical crisis. There is an important difference between being selfish, and being responsible for yourself. If we neglect to eat properly, neglect to take short breaks to walk or move, or the opportunity to sleep in our own beds, we may just add to the chaos. Routines and rituals of daily living are very comforting. Everyone needs rest to do a good job. If one day is too long for comfort, the next needs to be shorter if any way can be found. Respite caregivers are an important consideration in any care plan for a chronic patient.

Anger and frustration are easily aroused in people who have not slept, are fearful, heavily medicated, or have a hard time understanding what to do. The ways of institutions and particularly the seemingly endless waiting in emergency rooms can be a real trial. Doctors can be uncommunicative and nurses too busy to explain complex medical tests, diagnoses and therapies. We can be put on the spot to select an experimental therapy even the doctor doesn't know much about, just when we are the most vulnerable and least able to perform rationally. Families with discord before a major illness are of course at highest risk of conflict, but it is not rare to find family members at odds over therapeutic choices. It is sometimes our misfortune to watch families very publicly fight over power, money, relationships, and other very private family business. Illness truly brings out the very best, and the very worst in people. Call the chaplain or a social worker before having to call for security!

Many hospitals have a quiet room for meditation, or a chapel. Family homes benefit from having a quiet room to retreat to as well. Sometimes this needs to be an outdoor space, or a nearby park or garden. Quiet time to process the events of the day is rapidly healing. It is okay to retreat into silence for a few moments. Personal mental hygiene requires some time to buff up the attitude. If your inner equilibrium prefers music, play, prayer, meditation, or sharing our thoughts with others, then let that be your daily practice.

Sickness creates loss of function. Being dependent on others can be humiliating to some, and irritating to others. People naturally tend to feel ashamed to be weak, or incapable. Altered roles and duties ripple down the family structure. Tensions and strains are felt even by pets. Acute illness usually brings a family together, but chronic illness is more likely to rip at the warp and woof of the family fabric. A functional family may be described as inter-dependent, but co-dependency is a relationship where the whole team can fail with the removal of one member. Most families have a "breadwinner" on whom their financial security depends. Vulnerability to a domino-like communal crash can be mitigated by disability and life insurance, and other financial buffers. Even with great planning, sickness can rob the family structure of key leadership, skills at critical support tasks such as mothering, and flexibility to adapt to the next crisis that comes along. Fortunately there are many resources in our communities to support families. Churches, service clubs, support groups and home care, and many other community health organizations are there to help. Being sick may be a sign of weakness, but asking for help is certainly not. Supporting each other through the harder parts of mortal life is rewarding in itself. It feels good to help. Try to remember that when it comes your turn to ask for assistance. Ask generously.

The financial cost of illness is a huge stress on a family. Lost wages quickly add up to a deficit for most Canadians, for most of us live deep in credit, trying to eke out our chosen lifestyle from paycheque to paycheque. Chronic illnesses like cancer can leave a person on a disability pension, which is below the poverty line. There are usually significant out-of-pocket expenses for all illnesses. Prescriptions, mobility aids, user fees, are just a few of the many costs. Naturopathic care and many other excellent modalities are not a part of the tax-paid health care funding and serviceable insurance coverage.

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People must suffer without, or pay extra for naturopathic medicine, chiropractic, physiotherapy, massage therapy, reiki healing, traditional Chinese medicine, acupuncture, medical herbalism and many other natural systems of healing. Once disposable income is flowing towards health care, it is diverting from sports, rest recreation, nutrition, hobbies, vacations, and many other activities important to family cohesion and happiness.

When progress is interrupted by setbacks, patients and their caregivers must dig a little deeper into their reserve of courage and hope. Determination is not denial. A firm conviction that healing can be achieved is the first step towards achieving that goal. We cannot control a lot in life, which can feel stressful. Random bad things do happen. Random good things can also happen. We can choose to anticipate a good outcome, which is a simple definition of faith. It is the realistic expectation that something good will come out of the situation. We need to celebrate our unity, share the experience, and make the memories, by being present and ever grateful for what we do have in our family. Sometimes there is a great lesson or some silver lining in the dark cloud of a health crisis. It at least tends to put a higher value on robust health.

Being ill appears on the surface to be nothing but misery and trouble, but being in the role of a patient does sometimes serve the person's covert psychological and relationship needs. We do like attention, and we do like to get out of working or chores. It can be a mental holiday to lie around watching daytime soap operas. Though it has some benefits, malingerers are very rare. Most people want to get back to their life just as soon as possible. In my experience, only those who do not think they are ill do not want to get healthy.

However, sometimes it will never be the same. Change can be hard. Older children and teens are particularly vulnerable to depression and other morbidities. Kids may resist, defy, and struggle with their parents, but they are dependent. It is unsettling for them to see the strong made weak. Reflecting on mortality and pain are not always easy for us at any age. This can be compounded by sibling jealousies over attention given to others, and other childishly irrational feelings so common in children. Everyone in the immediate family needs care when one member is hurting, because it is a dynamic shared social experience. Counselling or supports like homeopathic remedies for stress, grief and other impacts should be offered to the whole family.

Small kindnesses can take a patient away from the physical troubles, and the things that are gross and ugly and disturbing about an illness. We do not send flowers or plants into hospitals these days, but cards are appreciated. It's the thought that counts. A magazine, book or pastime is often appreciated, as these are not provided in public areas anymore, out of fear of infection from shared objects. Hospital food is utilitarian at best. Supplementing the mass-produced and often reconstituted food with some fresh and wholesome local food can help ramp up healing and recovery. Get dietician input into special needs post-surgery or for specific medical conditions or upcoming tests, but do provide some fresh, wholesome and familiar food and drink.

Aging can be a death of a million cuts. Small health issues start to pile up into major disabilities and limitations.

It is not easy to discern when is the time for folks to leave the family home and go into care. Often by the time the need is obvious, it is a long wait to find the appropriate care bed. Family members can spend years providing care and attention at a level that is exhausting and overwhelming. Respite care is critical in such cases.

Advance directives and living wills are useful tools to let the patient speak to their desired level of emergency medical care, for when they may be physically or mentally incapable. A do-not-resuscitate order is not something you want to propose just as it is needed. Families can accept leaders, appoint a spokesperson, and make strategies for emergencies. Organ transplant donation, funeral arrangements and wills are examples of issues that families should take time to speak about.

The greatest strength we have in life is our family unit. They will fight for us when we cannot. They can be wise when we are confused. The best thing anyone can do is share their time and themselves, and just be with our family. A little action is a great antidote to fear. Sometimes that is just a hug, or taking someone's hand. For some it is joining in a prayer circle. Others will play cribbage or read a book aloud. We cannot see the future, we cannot know the outcomes of events, but we can put into the moment our best effort to be part of a family. When we stand by each other in solidarity, we have a healthy family, even if sickness is part of the experience.

About the Author

Born in Vancouver, BC, 1952. Graduated in Biosciences from Simon Fraser University in 1975. Worked several years in cancer research in the field of radiation biophysics. Attended the University of Waterloo, Waterloo, Kinesiology and Health Studies and the Ontario College of Naturopathic Medicine in1981. Graduated from National College of Naturopathic Medicine in 1985. Concurrently did three years at the Oregon College of Oriental Medicine.

Practiced about 16 years in Vernon, BC. Moved to Victoria in 2001 and shifted practice focus to oncology. Member of the Oncology Association of Naturopathic Physicians. Served many years on College Boards, was Registrar of CNPBC for five years, an evaluator for CNME, and had many other roles as inspector, mediator and leader.

Dr. McKinney has had many teaching roles, from lab instructor in microbiology at UVic and NCNM, at schools of traditional Chinese medicine, massage therapy, and finally as a professor at BINM. A founder of the BC Naturopathic Association and the Boucher Institute of Naturopathic Medicine. Author of many publications, including: *Naturally There's Hope - A Handbook for the Naturopathic Care of Cancer Patients* and *Naturally There's Always Hope – Healing Cancer with Natural Medicine.*

Dr. McKinney is well known for his generous sharing of time and writings to mentor students and peers. He has received a number of awards for contributions to advancing the scope and standards of the naturopathic profession.

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RECOGNIZING, PREVENTING AND TREATING ELDER ABUSE

Dr. Nancy Rebellato, ND

Elder abuse has become more prevalent in our society in recent years. In fact, 4% of elders in Canadian private dwellings (98,000) reported being abused. Financial abuse was listed as being the most prevalent type of abuse affecting 60,000 Canadian elders. Chronic verbal aggression affected 34,000 Canadian seniors while physical abuse affected approximately 12,000 seniors.[1]

The increased prevalence of elder abuse may be partially explained by a number of societal and demographic changes over the years, including increase in the aging population, the reduction of family size, (which puts more care-giving pressure on fewer family members), the dissolution of a group culture that cares for extended family members, and the transient population who move to a different city or country for work. Other factors include economic problems, personal problems, substance abuse, lack of adequate housing and co-habitation, and previous history of violence in the family.[2] All of these factors contribute to the move of seniors to institutionalized care.[3]

With the aging population in North America, there is a substantial increase in the growth rate of long-term care. In the United States alone, 12-million people will require long-term care services by the year 2020 and the long-term care market it is projected to growth by 250% by the year 2040.[4]

All of these factors lead to the isolation of older adults from family, friends, and common culture. It is this isolation and resulting lack of protection and care that puts seniors at risk for many types of abuse.

WHAT IS ELDER ABUSE?

Generally speaking, elder abuse involves harm or mistreatment of older adults who are vulnerable in some way. The World Health Organization defines elder abuse as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person."[5]

Elders can be susceptible to abuse from a spouse, partner, family member, friend, neighbour, banker, financial advisor, lawyer, doctor, long-term care facility, and from people whom the senior may trust and rely upon for medical or other services. Older people in poor health, living alone with no adult children living nearby are particularly vulnerable to abuse of all kinds.[6]

Elder abuse is often unintentional and mild resulting from lack of knowledge and expertise of caregivers, service providers, and the general public about the special needs of seniors. Sometimes, however, it can be severe and intentional. As a naturopathic doctor, it is important to recognize the difference, as this will alter treatment and outcome.

Elder abuse can take many forms, including: physical, sexual, psychological/emotional, and financial abuse.

Physical abuse can be described as "the use of force that may result in bodily injury, physical pain or impairment".[7] It often involves slapping, kicking, beating, punching, restraining, confinement, overmedications, neglect (which includes the lack of provision of basic needs, such as food and basic care items), and abandonment.[8]

Sexual abuse is generally considered to be any forced sexual activity without the person's consent.[9] It includes situations in which the victim is incapable of giving consent, for example, when a senior has dementia.

Psychological/emotional abuse includes shouting, swearing, ridiculing, name-calling, constant criticizing, accusations, blaming, humiliation, bullying, intimidation, and general disrespect. It can also include non-verbal actions such as ignoring and silence.[10]

Financial abuse is considered to be any illegal or unauthorized use of personal money. This either occurs through "grooming", which involves befriending an older adult to gain financial control of their estate or a family member through coercion, deception, or theft via the Will or Power of Attorney.[11]

For the naturopathic doctor, recognition of elder abuse requires a keen awareness, as it is rarely as obvious as bruising and physical injury. More often than not, it is subtle, completely invisible, or hidden by the victim due to fear of further physical abuse, abandonment, and financial threat.[12]

IDENTIFYING ELDER ABUSE

The moment a senior walks into our office, we immediately need to be asking ourselves, "Is this person at risk for elder abuse?" and behave like super-sleuths looking for clues.

A thorough history-taking worthy of a legal investigation is

required in the event that elder abuse charges are made to police and your notes are legally required for court hearings.

The history should involve the usual chief complaint and homeopathic case, but should also include direct, professionally-worded questions about their financial security, such as:

- Are you okay financially? Do you have financial security? Do you worry about money?
- Are your financial affairs in order?
- Do you have a Will? Who is the Executor?
- Who is your Power of Attorney for Property? Do you trust them?
- Who is your Power of Attorney for Health Care?
- Who currently pays your bills and takes you to the doctor?
- What has changed in your life in the last few years?
- What would you like to be different in your life?

If the patient lives in a nursing home, it is important to ask these questions:

- Is your copy of the Power of Attorney for Property and Power of Attorney for Health Care located in the nursing station binder and is the nursing home doctor aware of whom the Power of Attorney is?
- Did you specify in writing that you want your medical doctor to obtain consent from you and your Power of Attorney prior to any prescription of medications and flu shots or does your doctor have complete control over your drug prescriptions?

The following answers should be taken as warning signs for elder abuse:

- The son/daughter controls the elder's money.
- The Executor of the senior's Will lives out of town and rarely visits.
- There are two Executors. (An Estate runs like a business and there can only be one leader and one person paying the bills in order for it to run smoothly.)
- The Power of Attorney for Property is not trusted by the senior or by other siblings.
- The Power of Attorney for Property was granted under duress through coercion or charm.
- The Power of Attorney for Property and Health Care are two different people.
- The person who currently pays the bills and takes the senior for medical treatment has not been given the Powers of Attorney and is not the Executor.

The senior could be at risk of financial abuse if the person with the responsibility for care-giving does not have access to funds to pay for the care. For example, many parents give the Executorship and Power of Attorney for Property (paid position) to an out-of-town son. The in-town daughter is given the responsibility of Power of Attorney for Health Care (un-paid position). The son might withhold or siphon the funds, which could prevent health care needs from being met and could ultimately result in the senior becoming homeless, while the daughter is forced to pay out of her own pocket to sustain the senior's life. In a case such as this, you would usually see the daughter as opposed to the senior as a patient for the treatment of stress. A solution to this situation would require either the senior changing the Power of Attorney for Property and giving it to the actual caregiver (assuming they are mentally capable), or suffering the consequences, in which case there would be nothing the health care provider could do, except advise the daughter to limit her senior care role in order to maintain her own health.

Another important aspect to pay attention to is the number of pharmaceutical drugs given to seniors. It is best to photocopy the wallet-sized pharmacy drug list that seniors normally carry with them. In cases of abuse, drugs are being prescribed for conditions that the senior does not have. If treating a senior living in a nursing home, an ND might see the over-prescription of unnecessary antacid drugs such as Prevacid, Losec, or Ranitidine, which will eventually put the senior into starvation mode – a form of euthanasia.

Prescribed antacids are designed to suppress the stomach acid. While these drugs may be helpful used short-term for specific acute problems such as a bleeding ulcer, they are damaging in the long run. Long-term suppression of hydrochloric acid prevents digestion and absorption of nutrients in the small intestine. Therefore, the patient excretes the nutrients via the large intestine. Excretion of nutrients, especially calcium leads to muscle wasting and osteoporosis. After an extended period of time, it is difficult to get the senior patient off these drugs due to the rebound acid that occurs within three weeks of the withdrawal of the drug. Therefore, when antacids are prescribed for seniors, it often results in a rapid decline of their energy, vitality, and general health.

Two other main types of abuse may be seen in nursing homes: overburdened, understaffed personal support workers and nurses may neglect the needs of some seniors as time does not permit caring for all of them. The other type of abuse involves a non-Power of Attorney attempting to con doctors and nursing staff into signing papers to alter medical treatment and/or to sign papers to "help with financial planning". For this reason the Power of Attorney documents must be present in the nursing station binder and the doctors and nursing staff need be aware of who is allowed to make decisions and who is not.

PHYSICAL SIGNS AND SYMPTOMS

During the physical examination, a keen observation of eye movement and body language are basic requirements in dealing with seniors, especially if you suspect elder abuse from the history taking. Basic signs and symptoms which give you clues pointing to elder abuse include anxiety, fear, panic, secrecy, agitation, paranoia, distorted gait, holding a limb, weight loss, depressed mood, difficulty making decisions, suppression of information, lying or distorting the truth, looking away when asked direct questions about physical, financial, sexual, or psychological/emotional abuse.

Look for signs of trauma such as bruising to the face, limbs, abdomen, and ribs and question all of them while watching the eyes of the patient for anxiety or lying. If any uncertainty about abuse exists, an outright question about the above types of abuse often brings awareness to both the practitioner and the patient.

Asking a patient about their sexuality can be a delicate matter, but it must be done. You can begin by asking them about their sexual desire and whether or not they have a current partner. Warning signs would include the refusal of a breast, vaginal, genital, or prostate exam. If a patient complains of a sexual abuse, get written consent from the patient and report the abuse to the police and a safe family member. Encourage the patient to get to a place of safety. If a patient complains that a prostate exam performed by their medical doctor was painful, get the details and suggest to the patient that they may have been sexually abused. Look for symptoms of sexually transmitted disease and refer to your local health unit for testing.

It is imperative to always perform a neurological examination with seniors. If any signs of dementia or Alzheimer's exist, such as forgetfulness, inability to focus or remain attentive, it is necessary to have at least one family member present during consultations. It is also important to refer the individual to an Alzheimer's organization for a medic alert bracelet to enable them to be found if they are wandering. Also, note that Alzheimer's patients are at risk for both physical and financial abuse of all kinds, often from close family members.

Look for signs and symptoms of malnutrition, neglect, and depression and question all of these. Ask the senior if they are lonely or if someone is bothering them. Ask them if they are suicidal, and if so, why? Are they suicidal due to depression, fear of abuse, health problems that are not getting proper attention, or financial blackmail?

Often, seniors may be thin and lethargic due to low energy. Ask about family support. Ask them who cuts their grass or helps them with their house, and whether or not they have a sick spouse for whom they are care-giving. Many times you will find that a senior is at risk of health problems because they have too much work and responsibility and have been neglected by family. Sometimes family members are simply unaware that the senior needs help. These individuals need to be re-connected to family who can help or safe and reputable organizations to provide various aspects of care such as housekeeping and other home care. It is important to be familiar with and have contacts for seniors' services that you can to refer your client to.

Sometimes, however, abuse occurs because a caregiver is overburdened with responsibility and takes their resentment out on the senior. If the senior relies solely on this person for care, they often will not report the abuse to you for fear of abandonment. In this case, unless there are obvious observable signs, the abuse may be invisible and go undetected.

Lack of knowledge by family members such as siblings or occasional caregivers of how to handle elderly with certain conditions is a common problem. This lack of knowledge and experience can make these caregivers give up for fear of not knowing what to do and the concern of doing harm. The knowledge of how to handle seniors comes from having relationships with seniors – an experience that not everyone has.

If you are aware of any type of abuse, do not hesitate to refer. It is important to contact your local police or appropriate organization. If you are not sure what to do, get advice from your association and board. Do not get involved with a patient's legal or financial problems and always protect yourself. It is also important to remember that as sad as a situation may be, sometimes there is nothing you can do and you as a doctor need to accept this.

PREVENTION AND TREATMENT OF ELDER ABUSE

Prevention is key for elder abuse. By taking a good history, you will identify possible problems that would put the senior at risk for elder abuse. This includes counselling the senior on the basics of nutrition, exercise, healthy lifestyle, good family relationships and communications, and belonging to a wider community including churches and social groups, as there is protection in numbers.

As elder abuse is often unintentional and mild, the solution may only be a matter of bringing awareness to the elder of their boundaries, teaching them how to speak up about their needs, and how to articulate to others what actions and behaviors are not acceptable.

Speaking to the senior about having a proper Will and Powers of Attorney for both Health Care and Property and ensuring that the person who is currently responsible for care and finances is legally listed as the Executor and Power of Attorney for both Health Care and Property.

As the requirements of a senior change, the education of the caregiver must also increase. Having both parties in the office at the same time is extremely helpful. It is part of the naturopathic doctor's responsibility to bring an awareness to

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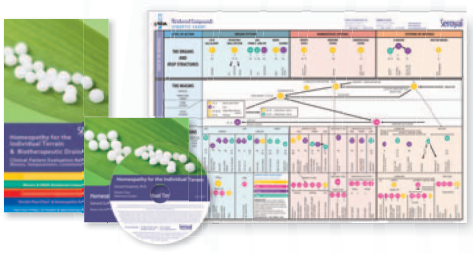

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the caregiver that perhaps they need extra help, extra services, such as Community Care Access or Alzheimer Day Centre care for their loved one. You may also notice the blatant truth that the caregiver can no longer handle the senior for physical, financial, and psychological reasons, and it is time to refer him or her to a long-term care facility. Often the senior does not recognize the toll that their needs are taking on the caregiver's health and cannot understand why the caregiver is exhausted, irritable, short-tempered, and is experiencing financial issues. In fact, in many cases, due to the excessive burden, the caregiver dies first. This can be prevented, however by your objective input.

ACUTE CONDITIONS

During the physical examination, it is necessary to be on the lookout for acute conditions or obvious signs and symptoms of abuse. If you find that the senior is anxious, and is frightened and panicked easily, you may have to treat them with homeopathic remedies such as Aconite. In cases of physical abuse, Arnica is the best treatment for bruising pains due to trauma and Bryonia is a common remedy for fractured ribs.

If you find the patient is currently being psychologically/emotionally abused, helping them to regain the courage to contact police or allow you to contact police is critical. If you feel the senior is in danger, you may need to refer them to the police or a shelter. Seek back-up from your regulatory board or phone the police from a separate room and ask them to advise you. Never attempt to handle this type of situation on your own; doing so could put both your own safety and the senior's safety at risk.

In cases of malnutrition and neglect, most seniors benefit from B12 injections as this therapy can provide energy, relieve depression, improve a senior's decision-making ability, appetite and nutrient absorption, and bring back their passion for life. Sometimes all they need is the energy to keep going and for someone to care about them. If you realize that the individual can no longer care for him or herself and there is no family to care for them, you may be the one who has to contact Community Care Access to have them placed into a senior's facility.

Seniors have special needs and are at risk for all types of elder abuse because of their vulnerability and isolation. Recognizing, preventing, and treating elder abuse is a part of a naturopathic doctor's scope of practice. A person's ND is sometimes their only advocate.

By recognizing the signs and symptoms of elder abuse, by providing timely treatment and counselling to both the senior and caregiver(s), and by knowing the protective and local senior's organizations to whom you can refer an abused individual, you can help to prevent and end elder abuse. Instead of allowing a senior to become controlled by well-intentioned others, or become the weak victim of opportunistic bullies, health care providers can become their advocates. With our help, a senior can remain the strong, healthy, respected, wise elder of our community.

On a personal note, almost every situation listed in this paper is based on my personal experience as a practitioner and caregiver for the elders in my own family. Many times the lines between daughter and practitioner were blurred due to the extensive needs of my loved ones and the formidable, unrelenting obstacles I faced, many times alone. At one point I struck a committee at a local nursing home to bring dentistry to its seniors and ensure that my father's dental infection could be properly treated. Often I struggled with balancing my advocating for the health and safety of my family and my own energy, health and well-being. It was exhausting, but well worth it.

My greatest accomplishment as a daughter and as naturopathic doctor was assisting my parents to optimize their health and well-being, upholding their dignity as elders in the community, and most importantly giving them love and joy before they left this world.

I encourage naturopathic doctors everywhere to go on this journey and to get involved with the elders in their own family and community. It is truly an amazing and fulfilling experience.

ABOUT THE AUTHOR

Nancy Rebellato has been a Naturopathic Doctor and Clinic Director of Rebellato Health Centre in Sudbury, Ontario since 1998. She was a caregiver for the senior members of her extended Italian-Canadian family since childhood and has a lifetime of experience in the health, assistance, and protection of seniors.

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NATUROPATHIC MEDICINE WEEK

On behalf of the CAND and regional naturopathic organizations, we wish to thank everyone who participated in Naturopathic Medicine Week (NMW) 2010.

To the naturopathic doctors and students across the country who organized events as well as all those who attended sessions, we thank you for helping to make Naturopathic Medicine Week 2010 a huge success. Special thanks to our generous NMW 2010 sponsors, COLD-FX and Rocky Mountain Analytical.

This year's NMW featured over 240 individual events – the highest number yet – and the week received its first-ever mention in the House of Commons.

Your feedback will ensure the strongest possible support for all future NMW initiatives. We look forward to working together to ensure NMW 2011 continues this great success.

FEAR AND PARENTING

Dr. Caroline Meyer, ND and Dr. Leslie Solomonian, ND

In the convergence of traditional healing models with cutting-edge medical research, it is clear that the mind affects physical and mental health. Indeed, miraculous healing can take place when a person harnesses the mind in a positive way. At the same time, as naturopathic doctors, we see how the negative aspects of stress can create or exacerbate disease. In naturopathic care of children, parenting styles add another layer of influence on health. In this article, we explore the relationships between fear in children and health outcomes, specifically, how parents and the media affect a child's view of the world and consequently their health. We also discuss clinical case examples and offer practical advice on how to approach the naturopathic treatment of anxiety in children through addressing parenting dynamics.

Parental choices dramatically affect behaviours in their children with respect to alcohol,[3,4,5] and tobacco use,[4,6] body image,[1,7,8] dieting habits[1,9] and physical activity.[10,11] Indeed parenting styles and behaviours can also shape how children perceive the world and their experiences in it. In the past several years, researchers have explored whether parenting styles have an influence on the development of worry and anxiety disorders in children.[12] While genetic or miasmatic tendencies may contribute to the transmission of fear from parent to offspring, modelling of attitudes through verbal language, body language, facial expressions and behaviour[1,2] also has a tremendous impact.[15] Messages about appropriate affect are communicated from parent to child – consciously or not – from infancy onward. Even an infant responds to a vocal expression of fear by his mother,[13] and a toddler can interpret fear in his mother's facial expression.[14]

Some learned fears have an adaptive benefit. Children must learn from their parents what is safe and what is harmful if they are to survive; learning which snakes are poisonous, for example, is a healthy thing. Teaching a child how to respond when approached by a stranger is an important protective measure. The fears of school-aged children are diverse and can include fears of physical danger and death, medical concerns, the unknown, disruption in family relationships, school concerns and fear of failure and criticism.[20] Fear and anxiety normally and appropriately evolve with the developmental stage of the individual[16,17,18] and, at a low level, can be beneficial and motivational.[19]

Some fears held by children, however, are maladaptive and disproportionate to the actual risk of harm.[20,22] Additionally concerning is that parents often are unaware of the degree of their children's fear,[21] much less their own role in creating it. Academic literature confirms the observation that the media has become increasingly sensationalistic in recent years, with a disproportionate amount of airtime being given to extreme events such as natural disasters, terrorism and abduction.[16,20,21,22] The degree of coverage of such events is typically not consistent with the likelihood or impact of a similar incident.[22] For example, the incidence of child abduction in Canada has not significantly increased in recent years (the rate of non-parental abduction of children under 16 since 1983 has remained below 0.01%[49]) but the perception persists that the risk of abduction is high.[22,23] Parents who more frequently watch news reports tend to see the world as a more dangerous place, and may actively or passively prevent their children from engaging in it.[22] Researchers have noted that children are more likely to be fearful and are less likely to play outdoors as a result of their perception of their parent's concerns about safety.[27,28,29]

Children who themselves are exposed directly to news coverage of frightening events report increased stress and fear.[16, 22, 24] This is especially true for older school-aged children because of their more advanced cognitive development. While fictional characters and events portrayed in books and movies can more easily frighten younger children (<8 years), older children are cognitively able to distinguish factual events from fictional ones[16,18,22,25] making real-life possibilities much scarier. Teaching families media literacy has been shown to decrease fear among children exposed to world events,[16,41] although it does appear that minimizing exposure to such news reports is more effective than simply co-viewing the report with a parent.[42,43]

Children who perceive their parents as being highly protective and anxious are themselves more likely to report significantly higher levels of worry; the influence of the caregiver seems to have a stronger impact on children with

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a diagnosed higher innate tendency to fear and anxiety.[30,31] Even children without mental health disorders, however, assessed themselves as having significantly higher levels of worry when their parents demonstrated increased anxiety and protective behavior.[32] In an intriguing study, families were presented with typical life scenarios in which there were ambiguous cues for fear.[33] As a family, they discussed each situation and then the child presented their interpretation of it. Children with anxiety would report these scenarios as being significantly more threatening than controls. The anxious children also chose avoidance as their primary coping strategy. The investigators also noted that parental influences had a significant impact on how their children perceived these scenarios. Indeed, the child participants, both the highly anxious and the less fearful ones, reported that their parents' feedback strongly influenced their perception of the scenarios.

While there appears to be a clear connection between fearful childrearing styles and the incidence of pediatric mental health concerns such as anxiety, the same relationship in chronic physical illnesses is more complicated. There seems to be a link between increased symptomatology and hospitalizations for children with asthma who have at least one parent with clinical anxiety,[34] however, no such link has been established for children with arthritis.[35] In another study, parents of children with inflammatory bowel disease were found to have a more overprotective child-rearing style than parents of healthy children.[36] In none of these studies, however, were differences among children's temperament examined. Thus, it is difficult to draw a clear conclusion about whether parents with a more fearful childrearing style may result in more severe symptoms for their children with physical disease. A related, but as yet unexamined research question, is whether a fearful style of parenting can actually exacerbate physical illness in children.

Some children do seem to be more vulnerable to developing anxiety. Although health care practitioners do not always screen for it, anxiety is a common mental health concern in children. In Canada, it is estimated that between two and six per cent of all children will experience anxiety. An article by Bryne, published in the journal "Adolescence" in 2000 gives an assessment of a number of screening tools that can be used to assess fear and anxiety in youth.[19] Patterns of anxiety often persist into adulthood to cause significant impairment.[46,47] Children who do develop high levels of worry and anxiety are usually able to learn effective coping strategies. In one study, children diagnosed with anxiety disorder and/or phobias participated in exposure-focused cognitive behavioural therapy. Most of the participants had a significant reduction in the frequency and severity of their symptoms by the end of the program. Even more promising, the participants still reported low levels of anxiety when evaluated eight to 13 years after the intervention.[48] In addition, the participants were less likely to experience secondary challenges such as depression and substance abuse later in adolescence than the average teenage population.

Gender differences have an interesting role to play in this discussion. Female children tend to report more and different fears than male children;[18,19,20,29,37] girls tend to have lower self esteem than boys in the adolescent and pre-adolescent years, inversely correlated to the degree of anxiety and fear they feel.[19] Whether this is a biological or cultural division is unclear; however, it is possible that children receive messages from their parents, society and the media that fuel gender-specific fears and interpretation of personal capability.

In our clinical settings, we can observe how subtle cues for fear can impact a child's view of their world. Often this shift can result in significant anxiety in susceptible children.

CASE REVIEW

ST, a six-year-old girl, presents with significant anxiety about attending school. ST has panic attacks often preventing her from going to school. She said that she gets worried when she doesn't know exactly what is going to happen at school. Her parents explain that she has always had difficulties with accepting changes and being spontaneous. No clear evidence of bullying or home stress is revealed. During the initial visit, ST's mother instructs her to not touch the toys as they may have germs on them. She later tells her daughter to walk more slowly because she could fall and hurt herself. At the same time, it is clear that they are a loving family. ST is their only child, being born after many years of unsuccessful fertility treatments. Despite the best intentions, ST's mother sends her child subtle fearful cues, which ST further enhances with her proclivity for worry. By pointing out this dynamic to the parents and through working with ST to develop coping strategies, this child was able to significantly reduce her fears. She now looks forward to going to school and is able to manage change more effectively.

Danger and risk, whether social, emotional or physical, is part of our lives. As mandatory bicycle helmets have prevented mortality due to bicycle accidents,[26] equipping children with the tools and knowledge they need to protect themselves and make responsible choices can go a long way to promoting their personal safety and well-being. Parents can play a big role in helping to prevent and alleviate disproportionate fears and anxieties in their children. While they can readily adopt the anxious behaviours of their caregivers, children also have an enormous capacity to help heal the worry.

Parents should be made aware of the impact of their own anxieties and tendencies on their children. Whether it be the judgmental comment about their weight, the stereotyping of a religious community, the exaggerated response to a child picking up a piece of garbage from the ground, the self-berating response to a mistake made – children hear and see much more than parents give them credit for. Studies have found that a stronger attachment to the caregiver seems to promote a more beneficial and calming effect on a child with a vulnerability to developing fears.[38,39,40] Strategies such as minimizing exposure to news reports and teaching families media literacy[16,41] can decrease maladaptive fear in both parents and children. Providing training in behaviour safety has been demonstrated to provide young children with the resources necessary to keep themselves safe.[44,49] Even the use of appropriately selected children's literature can be beneficial in helping to alleviate unnecessary and maladaptive fears.[21]

A mother recently shared the story of encountering a woman while she followed her six-year-old son to school. Not realizing that the boy half a block ahead was her son, the stranger admonished, "Can you believe it? Such a young child out on his own." The mother calmly informed the woman that the boy was her child, and that she occasionally did allow him to walk the two blocks to school on his own. The mother explained her rationale: she would rather gauge her child's readiness for more independence, and equip him with the resources necessary to take responsibility for himself rather than prevent him from taking calculated risks. "Good for you," the woman replied, "I would just be so afraid." "Parenthood is scary," replied the mother, "but I can't keep him in a bubble forever."

All work in the naturopathic care of children necessarily involves the family. Indeed, it will be exceedingly difficult to help a child cope with her fears without exploring the origins and determinants of that fear. As naturopathic doctors, by first recognizing parenting styles and family dynamics, we are in position to help children and families heal anxiety. In naturopathic pediatrics, the role of doctor often involves giving feedback to parents about a range of issues, including childrearing styles. Asking parents about the messages they are providing, consciously or subconsciously can go a long way to developing intentional parenting practices; in fact, parents appreciate these insights offered by a caring, objective third party. In our clinical experience, we also observe that children respond well to simple cognitive behavioural techniques including rating the intensity of their anxiety on a 1-5 scale.[50] Once they select a number, then the children can use breathing and grounding methods to reduce the anxiety. By repeating this technique, anxious children learn effective ways to manage worry. Inviting children to make drawings or playing with toys are other helpful methods for exploring and resolving fears. Incorporating strategies that encourage a child to question and critique, trust his instincts, accept age-appropriate responsibility and take calculated risks can promote self esteem, problem solving capabilities, confidence and independence.

ABOUT THE AUTHORS

Dr. Leslie Solomonian, ND

After earning a Bachelor of Science degree from the University of Guelph, Leslie graduated from the Canadian College of Naturopathic Medicine (CCNM – www.ccnm.edu). She completed a two-year residency and is currently assistant professor at CCNM providing instruction in Pediatrics and Integrative Pathology and Clinical Diagnostics. She has supervised the clinical practice of fourth year students at the Robert Schad Naturopathic Clinic, the Sherbourne Health Center, Anishnawbe Health Center, and at athletic events with the Sports Medicine and Pain Management team. Leslie is mother to two young children, and has a special interest in family medicine in her private practice.

Dr. Caroline Meyer, ND

Caroline Meyer is a naturopathic doctor licensed to practice in Ontario. She graduated from CCNM where she is now a member of the academic and clinical faculty. Caroline also has a private practice in Toronto specializing in pediatric neurological and mental health.

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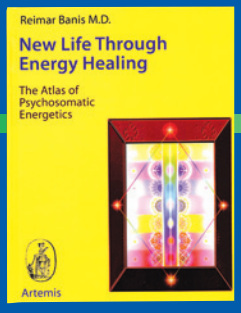

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Dr. Bobby Parmar, ND

Family is a loaded word. It can quickly evoke feelings of security, comfort and love, yet can just as easily conjure the weight of pressure, obligation, and judgment. Family science is a field that is exploding with newer understandings of the relationships between family make-up, status and interactions, and their combined influence on health.[1] What we once thought were mere correlations between family dynamics and health outcomes are looking increasingly like causal effects.[2]

For a clinician, connecting links between variables like family and health offer invaluable information to uncover obstacles to patients' healing. To explain these connections we explore questions about how family dynamics relate to its members' physical and mental health. Can family itself engender sickness?[1,3,4] Does it erode health with an unceasing flow of demands? In answering these questions, we outline which family dynamics produce the most stress and how families contribute to illness.

An exploration of this nature first requires definitions of *health* and *family*. The World Health Organization defines *health* as a state of physical and mental well-being, not simply the absence of disease.

> It is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities.[5]

A family is a social and economic unit bound by blood, marriage, adoption and emotional ties.[1,2] Maté (2003) suggests that human beings are social animals whose survival is contingent on the emotional connections with family.[4] He states that our social environment directly influences our physiologic homeostasis.[4] In fact, family is the basic social context in which we learn and perform healthy behaviors.[2,3] From this context we derive patterns of physical and mental health and their social determinants and modifiers. Five of these determinants: marriage, parenthood, socio-economic status, control and communication offer windows into family dynamics and their reflection on health.[1-4]

Marriage

Marriage is associated with physical health, psychological well-being, and low mortality.[2] Ross et al (1990) state that both men and women benefit from marriage.[2] For health outcomes, married men benefit 250% greater than single men and married women benefit 50% greater than single women.[2] They explain the difference as a reflection of how women, regardless of marital status, are generally more health conscious than men.[2] For both men and women in marriage three variables measure outcomes of well-being: relationship status, relationship behaviors and interactions, and relationship quality.

Relationship status

When studying relationship status, compared to people who are divorced, separated, single or widowed, married couples have the lowest rates of both chronic conditions and frequency and length of hospitalizations.[2] In fact some researchers suggest being single is a risk factor for disease.[2] These trends alerted researchers to create a prediction model whereby in the first year of marriage a couples' blood adrenaline levels during and after a conflict foreshadowed their eventual marital status. After 10 years of study, couples that divorced had 34% higher adrenaline levels around times of conflict.[1,4] To Segrin and Flora (2005), the results reflect how the quality of interactions between a married couple are incredibly strong predictors of marital success and therefore, individual health.

In another study, researchers measured immune system activity in divorced, separated and married women.[4] Blood samples from these women were compared to self reported marital quality and satisfaction. The results revealed two psychological factors that predispose to poorer immune responses: time elapsed since breakup and degree of attachment to the former spouse.[4] Women with both recent marriage failure and greater marital emotional attachment suffered more immune suppression.[4] Maté (2003) states, women who were more self regulated and less emotionally dependent on failed relationships had "the ability to be in

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emotional contact with others yet still autonomous in [their] emotional functioning" – a concept called differentiation, which confers greater health.[4]

Relationship behaviours and interactions

Ross et al (1990) outline the most influential marital interactions on health. They explain that living with a spouse is perhaps one of the more important determining factors in a successful marriage.[2] Conversely, a person who lives alone may be isolated from an important network of social and economic ties.[2,6] These ties may help create a stabilizing sense of security, belonging, and direction. Without these ties, a person may feel lonely, adrift, and unprotected.[2,6,7] A sense of social support resides in the commitment, caring, advice, and aid a personal relationship provides. Marriage typically provides social support of all forms, particularly the emotional element of support for either partner.[2,6,7] Emotional support may come from a sense of being valued, esteemed, and having someone else mindful of your own person and problems. Ideally having such a confidant may decrease depression, anxiety, sickness, and mortality.[1,2,6] Support from one's spouse may also add to physical health by reducing risky behavior, by aiding early detection and treatment of illness, and by helping during the recovery phase of illness.[1,2,6,8] Spouses often express concern for their partners' welfare and exhibit protective behavior.[1] By protecting and improving psychological well-being spouses encourage and reinforce other protective behaviors including for instance decreasing substance abuse and physical inactivity.[1]

Relationship quality

Essentially, marriage may be an important component in primary prevention and help avoid disease onset.[1,2] These observations are based on the assumption that the quality of the marriage is of a high caliber and that positive interactions and behaviors predominate. Higher quality marriages provide more comfort and protection, perhaps simply because the support is more immediate and more readily available.[2] Relationships that are less personal specialize more in instrumental support (problem-solving), whereas personal relationships provide more emotional support (encouragement).[2] In all, marriage offers both instrumental, and more importantly, emotional support to produce an overall risk reduction of disease.

The same positive health outcomes have not been discovered in conflict ridden and hostile marriages, where negativity derails the relationship.[1,2] Conflicted marriages create bonds characterized by an unequal division of decision-making power.[1-4,6] When spouses' expectations exceed their ability to reciprocate support, a partner can feel demoralized, tense, worried, neglected, unhappy, and frustrated.[1,2] Maté (2003) asks in these circumstances "who is serving whose needs"?[4] He states that generally women suffer more of these consequences because of their capacity to absorb family stresses and anxieties in addition to containing their own.[4] For clinicians, identifying the partner who absorbs more of the shared anxiety and stress helps focus treatment.

Parenthood

For many families, children are incredible sources of love, learning, and enrichment. They teach families about innocence, selflessness and joy. Clinicians must recognize these profoundly positive influences on family make-up. However, it is equally prudent to acknowledge how children may negatively impact family dynamics. Ross et al. (1990) conducted a meta-analysis of a decade's worth of family science research and argue that children may not increase family well-being.[2,3] Two explanations for this uneasy correlation stand out: children increase economic hardships on families, and children can decrease the amount of emotional support that spouses receive from each other.[2] In fact, the involuntarily childless report the most loving marital relationships.[2] The voluntary childless report the most time spent with spouses with greater exchange of ideas and consensus building between them.[2]

Ross et al. (1990) confirm that having children can erode economic well-being and supportive relationships, which are two necessary elements to successfully cope with having children.[2,3,8,9] Married couples initially experience a decline in mutual support immediately following childbirth.[2] Partners tend to spend less time together when they have young children, and the time they do spend together is often focused on the child.[2,3] Mothers tend to concentrate their emotional attention towards their child at the perceived expense of fathers. And mothers, too, report a decrease in spousal support because of their husbands' likelihood of distancing and detachment.[2,3] Parent surveys show that their pre-parenthood levels of life quality satisfaction return only after children grow up and leave the home.[2,3]

The sense of burden is heightened when a child is chronically ill because they require more resources for care.[8-11] For example, in childhood diabetics much of the medical vigilance falls on the shoulders of other family members.[8] In turn, other family members, mainly siblings, may harbor resentment and hostility towards a needy child.[2,8] Studies show that HbA1C levels in diabetic children are increased in family conflict scenarios.[1,8-11] Unfortunately, a vulnerable family may unknowingly fall into destructive behavior patterns characterized by numerous problematic processes. Families create hostility when there is a lack of conflict resolution between members, lack of personal space, poor

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parental relationship quality, and low responsiveness to each other's needs.[1,2,4] Each of these problems, arrests families from being open and constructive. Clinicians can recognize these preceding factors as obstacles to cure and focus treatment on their removal. However, some factors are not so readily removed.

Socioeconomic Status (SES)

Families with low socioeconomic status (SES) have higher rates of depression, anxiety, physiological and psychological malaise.[1-3] The negative impact is further bolstered by high rates of infectious disease, infant mortality, many chronic noninfectious diseases, disability, self reported poor health, lower life expectancy, and higher death rates from all causes.[2] Low SES families often do not have adequate education, which shapes knowledge and behavior, and in turn directs job status and earnings potential.[1,2] Education also confers a greater likelihood to quit smoking, to exercise, and to avoid obesity.[2] Without education low SES families are exposed to varying degrees of hardships, frustration, and struggle.[1-3] These hardships can be reflected in outcomes like hopelessness, fatigue, depression, insomnia, and negative coping.[1] A vicious cycle can ensue from these outcomes. Low education, poverty, and low support feed each other and magnify each other's impact on sickness in the family.[1] These outcomes serve to undermine family interactions and promote detrimental values and unhealthy behavior among affected members.[1,2]

Low SES families suffer more from the effects of maladaptive family dynamics such as a lack of cohesion, lack of adaptability and less togetherness.[2,3] These factors predispose family members to unhealthful behaviors like substance abuse.[2,3] In these instances, when bonding is defective, a noxious environment of neglect and abuse can produce further insecurities, victimization and subsequent self-medicating on the part of affected family members.[2-4] Parental supervision is a valid method to combat such outcomes.[1] For financially struggling families, these methods may be more difficult to achieve as they require time investments that may not be available to parents who work longer hours. Even still, and although supervision is often considered a nuisance to children, it reinforces their sense that someone notices them and cares for them – two messages that help build confidence thereby reducing the chances for self-medicating with foods, television, video games, shopping or prescription and illegal drugs.[1,2]

Internal and External Control

How does family shape a person's sense of control? Sometimes dependency or family obligations erode a person's sense of control.[1,2,10] For example, people whose mothers were overprotective have a lower sense of control than other adults, and are consequently more susceptible to depression.[1,2] Alternatively, people who meet the demands of family roles successfully, can benefit in the long run. This sense of control may prove to be a major link between family and health.[1,2] Some authors posit that the vulnerability to subjective and physiological stress will be proportionate to the degree of emotional dependence. If a family encourages dependence, the sense of not being in control of one's own life can diminish the will and motivation to actively solve problems. The reactive, passive person fails to prevent, prepare for, and limit the consequences of problems.[1,2,11] In contrast, active and instrumental people are more cognizant of potentially distressing events and conditions, take preventive steps and accumulate resources that will reduce the impact of unavoidable problems.[1,2] Studies show that people with a high sense of control know more about health, initiate preventive behaviors, quit smoking on their own, avoid dependence on doctors, and feel healthy more than those with low sense of control.[1-3] Families can foster or deny a sense of mastery, efficacy, and control.[3] In a fatalistic context, controlling family environments stifle problem solving, including problems related to healthcare of individual family members. Instead, co-managing healthcare is much more validated through research and is a more effective means of achieving successful health outcomes.[6]

Incorporating a close family member in psychosocial treatment may have positive impact on patient health behaviors, emotional well-being, and symptomatology.[3,6] For example, individuals with chronic low back pain who attended exercise sessions in combination with couple-oriented behavioral therapy showed greater reductions in pain and pain behavior.[1-3,6] Osteoarthritis patients and their spouses felt they managed their arthritis more effectively if they received a couples-oriented education and support intervention.[6] Conversely, early correlational research reveals that patients sometimes perceive that overprotective, controlling or solicitous behaviors cause them to be more physically inactive and dependent.[3] These same consequences have been observed in children of controlling parents, who demonstrate greater levels of anxiety, and in turn, manifest more physical disease such as ulcerative colitis, diabetes, and asthma.[3,6] Openness of communication fosters a sense of ease and peace amongst family members and enables them to express themselves, which cannot exist in a controlled setting.

Communication

Both dysfunctional and functional communication processes dramatically influence health outcomes.[5,11] This is exemplified in relapse rates in depression, eating disorders, and schizophrenia.[5] Communication in the form

RELATIVELY STRESSFUL *continued*

of criticism is a predictor of worsening of mental health symptoms.[5,6] In addition to worsening depression, critical interactions create an environment of hostility. Moreover, the perception of criticism (not actual criticism) promotes physical health problems.[1,2,11] This idea lends itself to the theory that unhealthy communication skills reduce relationship quality. As an example, individuals who have type 1 diabetes who experience chronic criticism from other family members have greater glucose dysregulation during times of conflict and stress.[1,2,11] To explain these findings, researchers posit that this is in some way a representation of an attempt to cope with negative emotions.[6] To discern the moment-to-moment physiological response to conflict and stress, investigators had married couples sit face-to-face and discuss three predetermined controversial marital issues between them, meanwhile measuring both adrenocorticotropic hormone (ACTH) and white blood cell count.[1,2,4] What they found were elevated stress hormones with subsequent mediation of immune responses. When challenged, couples still elicited physiological manifestations of stress, and, if left unchecked, disease.[1]

In the face of challenge, two family scenarios are likely. A connected and communicative family promotes a responsive and organized environment that creates a sense of ease; whereas, a disconnected family promotes emotional neglect and environmental chaos fosters symptoms of worry and anxiety.[1,2] Researchers put these scenarios to test by observing family interaction at mealtimes and whether they could correlate or predict two outcomes: anxiety and asthma. A growing number of empirical studies has demonstrated that frequency of mealtimes and how the task is accomplished is associated with mental and physical health outcomes in youth; emotional connections during mealtimes protect adolescents from substance abuse and disordered eating; and family interactions during mealtimes are associated with health outcomes for children with chronic health conditions.[4,11] Thus, these are frequent events that have the potential to shape the child's expectations about how the family will respond during recurring events.[11]

In the study, described above, anxiety symptoms were significantly associated with poorer pulmonary function, and higher parent-reported wheezing, coughing, urgent care use, and emergency room use.[11] For symptomatic children, mealtime interactions were characterized by significantly more difficulty in getting the task of the meal accomplished, were less affectively responsive, and were less likely to assign roles during the meal.[11] The study authors found three aspects of family interaction patterns that consistently mediated the relation

between child asthma severity and anxiety symptoms: how the overall task of the meal was organized, role assignment and overall family involvement. Taken together, this triad reflects family management. Daily rituals and routine events such as mealtimes, bedtimes, and homework reflect family management strategies.[11] Overwhelmed families without the necessary skills to manage daily routines often create psychological and physical costs to their children. Other researchers have found that family chaos results in heightened psycho physiological reactivity.[6] Fiese et al. (2010) propose a biobehavioural model whereby parent-child relationship security predicts disease severity.[11] These findings reinforce the importance of family interactions in family member's mental health. Mealtimes that operate in a relatively smooth manner, with expectable roles, and provide opportunities for meaningful exchanges about the days' events reduce individual risk for developing anxiety symptoms.[6, 11-13] Management and communication are therefore key players in the family dynamic.[6,11]

Conclusion

In theory, families provide a safe, nurturing environment - a refuge from the pressures of the outside world. In reality, family interactions can cause more stress than other anxiety inducers.[2,3,5] Family stress is blamed for the onset or aggravation of a host of ills. And people "who let kin get under their skin" tend to make more visits to their physicians, require more referrals to specialists, and are hospitalized more often.[7] But, as Segrin (2006) states, "because human beings are inherently social animals, their sense of well-being is inextricably entwined with the nature and quality of their personal relationships".[7] That is why primary care physicians need help pinpointing patients plagued by family stress and must learn techniques to tailor care to them.[2,3,5] Haphazardly paying lip service to family stress prohibits an in depth assessment of the underlying psychosocial aspects of ailments. A clinician may stubbornly address a patient's physical concerns when the family dynamic usually flavors some aspect of the illness.[2] To combat these effects, families can be encouraged to practice behaviors likely to promote feelings of security, belonging and openness.[5] In the interests of the family's wellbeing, healthy and organized daily routines may be indicated as one avenue where clinicians and families could forge partnerships.[11]

Familiar to most naturopathic physicians, the concept of allostatic load - the physiological costs accrued due to chronic exposure to stress - has figured prominently among the many potential mechanisms that explain the link between family interaction and health.[4,5] Simply stated, allostatic load represents the wear and tear on the nervous

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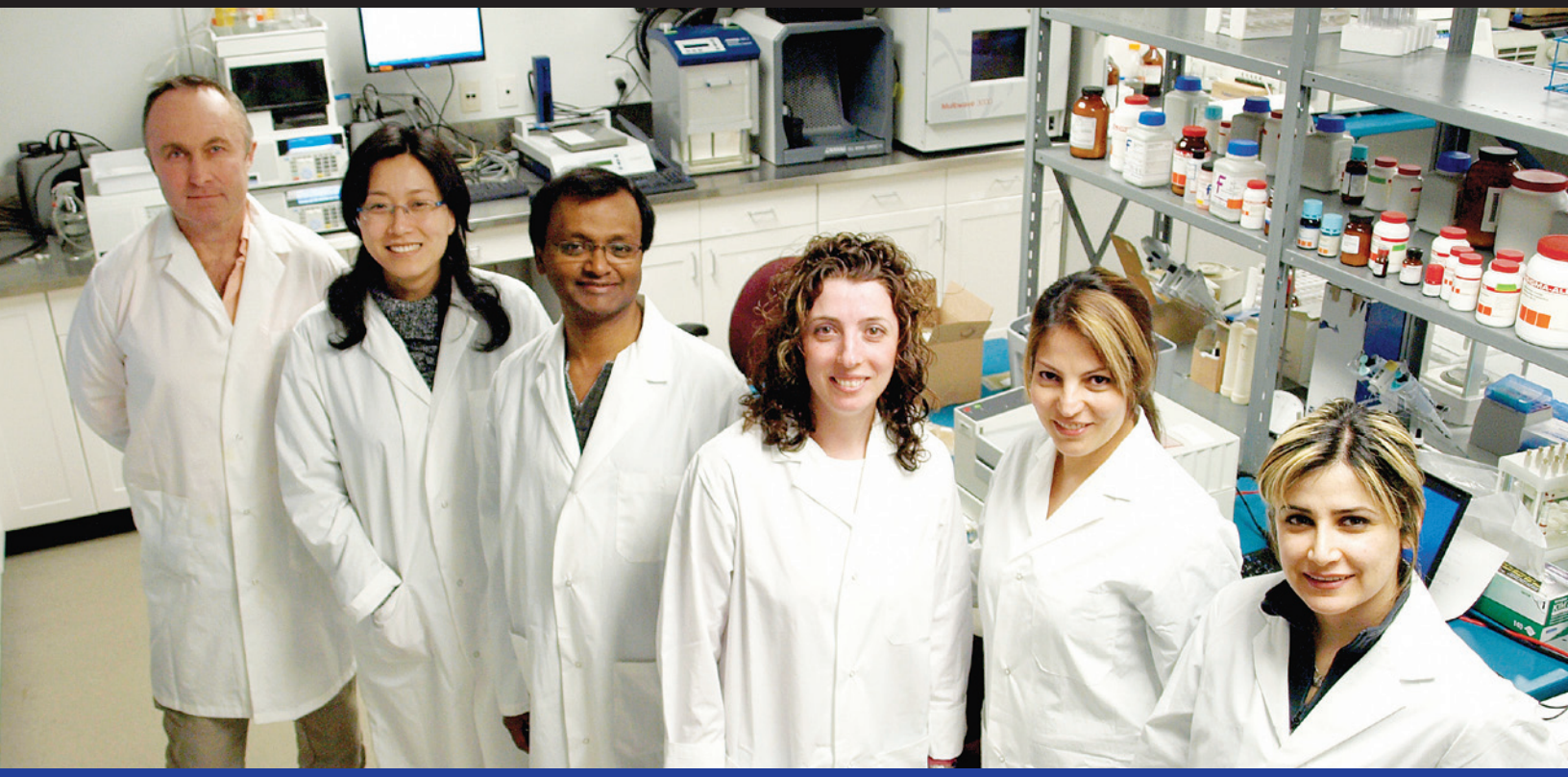

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system and body's organs that is the result of chronic over or under-activity. Family relationships can be a source of such wear and tear as well as shield against it when faced with other external stressors.[4,5] For clinicians, we must recognize these loads as priorities in a patient's diagnosis and treatment. Without that acknowledgement, we are missing an enormous piece of the puzzle that makes us who we are.

About the Author

Dr. Bobby Parmar, ND has a general naturopathic family practice in Kitsilano, Vancouver. His special interests include endocrine health and counselling on vegetarian/vegan lifestyles. His practice places a great deal of emphasis on family health and well-being.

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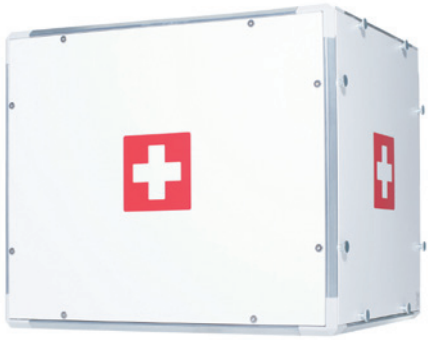

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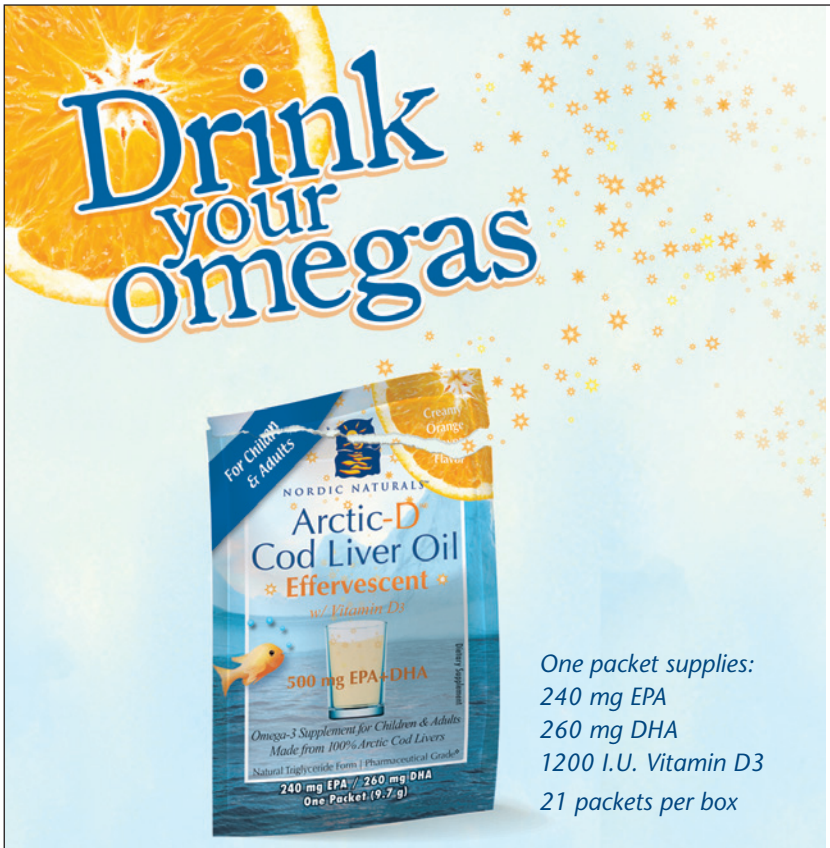

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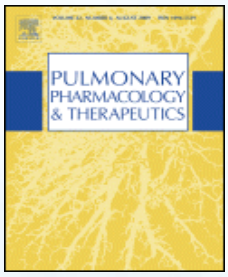

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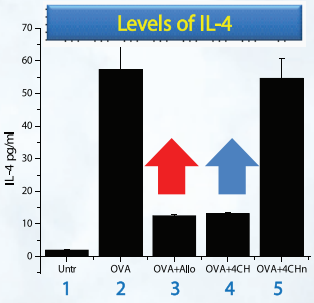

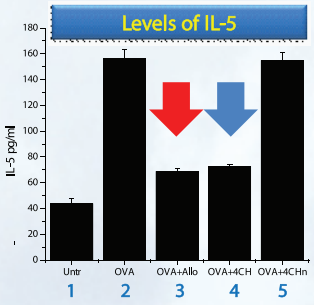

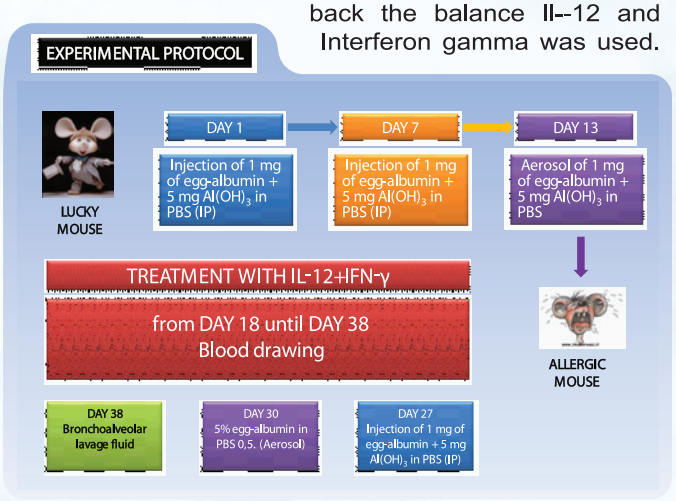

The results with the GUNA prepared method are amazing:

- ✓ Column 1– control with the healthy mouse interleukin level
- ✓ Column 2– qty of Interleukin in allergic mouse
- ✓ Column 3– pharma dose of balancing interleukin, mouse died
- ✓ Column 4– Guna physiological dose, no side effects
- ✓ Column 5– physiological dose, dilution only, no effect.

GUNA INTEGRATES THIS SCIENCE INTO ALL ITS FORMULATIONS

GUNA–Prev is a direct link to this study & deals with the cause of allergies

GUNA–Treat addresses the reactions to offer relief.

GUNA–Matrix keeps the extra cellular system clean & eliminates irritants.

Vibrant Health has a full range of products for seasonal allergies
(P'llens Early, Mid & Late), allergies to pets, foods, dairy, chemicals, terpenes & a host of other challenges including our core reactional process regardless of the cause

Call us to learn more & start getting optimum results.

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Fish Oil Concentrate	*4,377 mg*
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DHA (Docosahexaenoic acid)	*875 mg*
Vitamin D3	*1000 IU*

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