

# Vital Link

The professional journal of the Canadian Association of Naturopathic Doctors

## Nature Cure



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# Vital Link

Volume 16, Issue 3, Fall 2009 – Nature Cure

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The *Vital Link* is the professional journal of the Canadian Association of Naturopathic Doctors (CAND). It is published primarily for CAND members and features peer-to-peer research-based articles, relevant naturopathic information and news and events that affect CAND members and the naturopathic profession in Canada. The *Vital Link* has an outreach to other health care professions and promotes qualified naturopathic doctors to corporations, insurance companies and the Canadian government.

## Circulation

The *Vital Link* is published three times per year and is distributed to over 1,200 qualified Canadian NDs; over 600 students of CNME accredited naturopathic programs in Canada and the U.S., and the CAND corporate partners. The *Vital Link* is also distributed in the CAND's media kit.

This issue and back-issues of the *Vital Link* are available for download from the CAND Members Only portion of [www.cand.ca](http://www.cand.ca)

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## Forthcoming Publications & Themes:

Winter 2010 – Environmental Medicine Part II

## 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 Previously unpublished material is preferred.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 editor for submission guidelines.

# CORNER

## PRESIDENT'S

*Dr. Jason Boxtart, ND, CAND Chair*

**Welcome to the fall edition of the Vital Link. I hope everyone had a great summer and took time to recharge and prepare for a busy fall season.**

Over the summer the CAND facilitated the GST/HST working group preparing background information to ensure an informed vote from members on the exemption survey. It has become apparent that deciding whether to apply for GST/HST exemption is a challenging decision for many physicians, in that the financial impact is difficult to generalize and must be considered at the individual practice level.

Assuming members support applying for an exemption, the CAND will prepare an application to the federal Ministry of Finance for exemption under the Excise Tax Act. We will keep provincial groups and members informed as we move forward on this important file (if you are not already a subscriber to the CAND e-news list, please join by sending a request to [elink@cand.ca](mailto:elink@cand.ca))

Other CAND fall projects will include: attending the OAND and BCNA conferences and holding our AGM and the quarterly meeting of the Canadian Naturopathic Coordinating Council during the latter; attending the Program Advisory Council Standards of Evidence working group meeting, CCNM's Symposium on The Role of Naturopathic Medicine in an Integrated Health

Care System and participating in the American Association of Naturopathic Physicians' Naturopathic Coordinating Council retreat in Tucson, Arizona. For complete details of the CAND's activities please refer to the calendar in our monthly e-Link e-newsletter.

Two special events the CAND has planned for November are our Open House and official welcome to the new office in Toronto on November 27, sponsored by Afexa Life Sciences, and our students' Day With The CAND to be held at CCNM on November 30. Both events will allow members and allies of the profession ample face time with the CAND staff, board and each other. We hope to see you at one or both of these events. Please watch for an email from the CAND for more information.

Our Annual Board Planning Session will be held November 28-29 in Toronto. During the session our board and staff will evaluate our progress during the past year as well as hone our action plans.

This year has brought many highlights and achievements for the naturopathic profession, from BC NDs attaining prescriptive authority to the CAND's Health Fusion 2009 conference in June. It is now time for us to continue planning for a successful 2010 and beyond. Until the next issue I wish all of our readers the best and thank you for your time and dedication to our profession.



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*Shawn O'Reilly, CAND Executive Director, Director of Government Relations*

The fall session of the House of Commons has started and the government has already survived its first non-confidence vote. This will set the tone for the year as the Liberals intend to continue to challenge the policies and legislation put forward by the Conservative minority. Speculation now suggests the government will hold power until after the Winter Olympics.

As reported in the Summer *Vital Link*, the NHPD has initiated some changes in its approach to the regulation for natural health products (NHPs). The latest update from the NHPD indicates that over 15,000 products have made it through the assessment process and been licensed for sale in Canada. There is still a long way to go but it is hoped the new Risk Based Approach results in more products being assessed in a more timely fashion. The CAND Government Relations Committee met with new Director General Michelle Boudreau, senior NHPD staff and representatives from the Marketed Health Products Directorate in July to address issues of concern to the profession. NDs are stuck between two sets of regulations, those for drugs and those for natural health products. NDs utilize a number of products that do not meet the definition of a natural health product. These substances continue to be placed on restricted schedules requiring a prescription for access. The meeting was productive resulting in a clearer understanding on the part of the NHPD and the MHPD of the challenges faced by the naturopathic profession. Both directorates have committed to a structured series of meetings with the CAND moving forward and to finding a solution.

Following the July meeting the CAND was asked to be an inaugural member of the newly formed NHPD Program Advisory Committee (PAC). The PAC builds on the experience and knowledge gained over the past 10 years including the work of the NHP Industry Liaison Committee and the Management Committee and the NHP regulatory review. It is intended as a mechanism to provide input to

the NHPD on identified NHP issues broadening what was an advisory committee mandate to a program approach. This step is intended to strengthen Health Canada's capacity to hold ongoing dialogue with NHP stakeholders. It is also intended to provide a mechanism for a broader range of NHP stakeholders to work together and engage each other to build information and knowledge and share decisions and actions. The first meeting was held in September and naturopathic doctors were recognized as experts in natural medicine and a profession that the public relies on for advice on NHPs. The CAND represents one of only two health care practitioner groups invited to participate on PAC and is a member of the working group engaged in a review of the Standards of Evidence required to support the safety and efficacy of NHPs. We will keep members advised moving forward.

On the legislative front, provincial associations both East and West continue their efforts to update or obtain legislation and regulations for naturopathic medicine. In Ottawa the Ministry of Health is focused on H1N1 and we have yet to hear of a possible date for a return of proposed legislation to amend the Food and Drugs Act. Bill C-6, the Canada Consumer Product Safety Act passed the House of Commons in June and is now progressing through the Senate. The Bill has been amended to specifically state that it does not apply to natural health products and has all party support.

Over the summer the Ministry of Health and the Public Health Agency of Canada were focused on H1N1 and the development and availability of a vaccine. While research and the experience to date in other countries such as Australia indicates the next wave of H1N1 will not be as severe as first predicted NDs will no doubt be faced with questions and concerns from patients. Information on H1N1 and a Naturopathic Perspective can be found on the CAND website as well as several provincial association websites. We encourage you to download the information and have it available for your patients.

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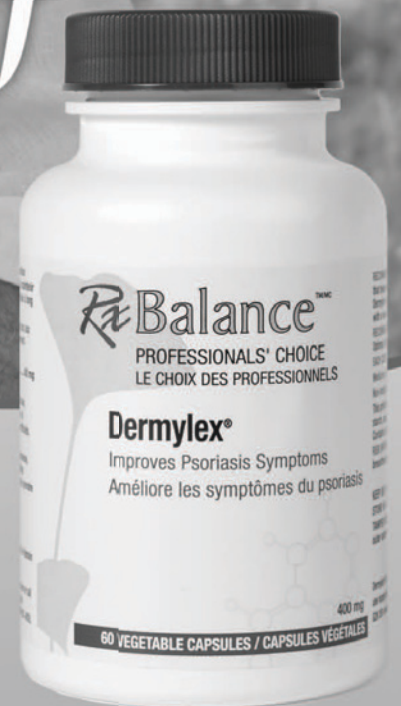
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# HEALTH FUSION 2009

## REVIEW:

*Dr. Ilana Block, ND, Montreal, Quebec*

Health Fusion, our biennial national conference, took place in June, in Montreal, Quebec, this year and was a wonderful success! This year's theme was Nature Cure and covered the naturopathic traditions and latest research in the field.



Holding the conference in Montreal provided a huge boost to Quebec's naturopathic community. We are a small group of 15 NDs and growing. Having the support of the rest of the country behind our efforts to become regulated is greatly appreciated. Since Health Fusion, many NDs have signed up to be out-of-province members of the Quebec Association of Naturopathic Medicine (QANM), which helps tremendously to improve our presence in Quebec. We thank you for your support. If you would like to become an out of province member, please contact the QANM.

Invitations to the conference were also sent out to a Quebec naturopathic college interested in expanding its curriculum to meet the standards of the Council on Naturopathic Medical Education (CNME). Having a French accredited college in Canada would be extremely beneficial to the future of naturopathic medicine across the country and in Quebec especially. I am pleased to say that those who attended from the Quebec college were very impressed with the conference and our profession.

The many dynamic speakers and great topics over the three days made it difficult to decide which sessions to attend. The first keynote speaker was Montreal's very own Dr. André Saine ND. As QANM secretary over the years

I have been able to get to know Dr. Saine, the association's president; however, it was further enlightening to see how this brilliant man started his career and what his inspirations were. His lecture was also a great reminder to get back to our roots as NDs.

Each session contained many clinical pearls. Although I personally loved the women's health lectures, as this topic is of special interest to me, all the speakers were wonderful. The Health Fusion organizers did a fantastic job lining up vibrant speakers who could satisfy a wide range of the delegates' interests. My personal highlights ranged from Dr. Cathy Carlson-Rink ND's warm and calming energy, to Dr. Stephen Aung MD's dynamic demonstrations where he had us all standing up, stomping and chanting; from the vivacious elder Dr. Verna Hunt ND who reinforced the importance of getting back to our roots, to Dr. Neil McKinney ND's pearls on cancer therapies; and finally Dr. Jean-Jacques Dugoua ND's latest research on supplementing during pregnancy and Dr. Mary Bove ND's inspirational words on how to make the most of our day, to de-stress, and to be good to ourselves. Quite simply, we were all very pleased with the lectures we attended.



Between these informative lectures, we visited the very impressive trade show of over 60 exhibitors. We were able to familiarize ourselves with the excellent supplements and various tools that are available to us to use in our practices. The huge prize draw, ranging from baskets of supplements to free lab testing was, of course, a lot of fun.


*Continued on next page*

As for the social scene, what can I say about our beautiful city? I think Montreal's charm, cultural diversity, excitement, and joie de vivre speak for themselves. With help from Dr. Paola DeCicco, ND and the Health Fusion committee, there were fun activities for all to enjoy, including: the Cirque de Soleil, a tour of the St. Ambroise Brewery, and the wonderful gala and awards on Saturday night. Everyone from students to elders danced to the rhythm of the live Brazilian Music! Throughout the three days, it was so great to network, catch up with old friends and learn about what is new at the CAND and CCNM.

A summary of the weekend would not be complete, however, without mentioning the deliciously healthy and plentiful gluten-free and dairy-free buffets that were offered throughout the conference. Thank you once again to Ed Borsuk for outdoing himself. We felt well nourished, clear, alert and ready to absorb as much as possible from each lecture.

This conference could not have happened without the CAND team: Shawn O'Reilly, Alex McKenna, Stuart Watson, Heather Fleck, the Health Fusion committee here in Montreal, including Dr. Anne-Hélène Genné ND and all the volunteers. We cannot thank you enough!

Hope to see you all at Health Fusion 2011 in Calgary!



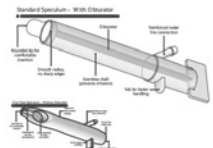
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# THE PASSING OF AN ELDER, GOODBYE TO A SENSEI

Dr. Denis Marier, MA, ND



On June 10, 2009 the naturopathic community suffered a great loss with the passing of Dr. Al Denov, MA, ND after a brief illness. Dr. Denov graduated from the Ontario College of Naturopathic Medicine in 1989 and started the Deer Park Naturopathic Clinic on St. Clair Ave. W. with Dr. Brian Timothy, ND a classmate and close friend. Dr. Denov was instrumental in seeing the transition from OCNM to CCNM in the 1990s and was a popular teacher of Traditional Chinese Medicine and preceptor to many naturopathic students throughout the last two decades. He was the former chair of TCM at CCNM and clinical supervisor at Anishnawbe Native

Health Centre. He understood with all of his being that “We are all One.”

Always close to the rhythms of nature, Dr. Denov was a skilled naturopathic doctor with great respect for the wisdom of the Earth. At his funeral, his beloved wife Nancy honoured him by foregoing the traditional shovel of dirt, instead grasping two handfuls of warm soil, letting it pass through her fingers as she whispered a goodbye. As the funeral witnesses filed away to their cars to begin Shiva, three of his former students shared stories, tears, and humorous anecdotes of their “Sensei” as they completed the task of filling in the grave with dirt and placing a Grandfather Stone at the head of his grave. And although new graduates and students of naturopathic medicine will not benefit from his direct teachings, our profession becomes stronger with one more elder and ally in the “Other-Side Camp.” Donations in his name may be made to the Al Denov Memorial Fund c/o The Benjamin Foundation, [www.benjamin.ca](http://www.benjamin.ca)

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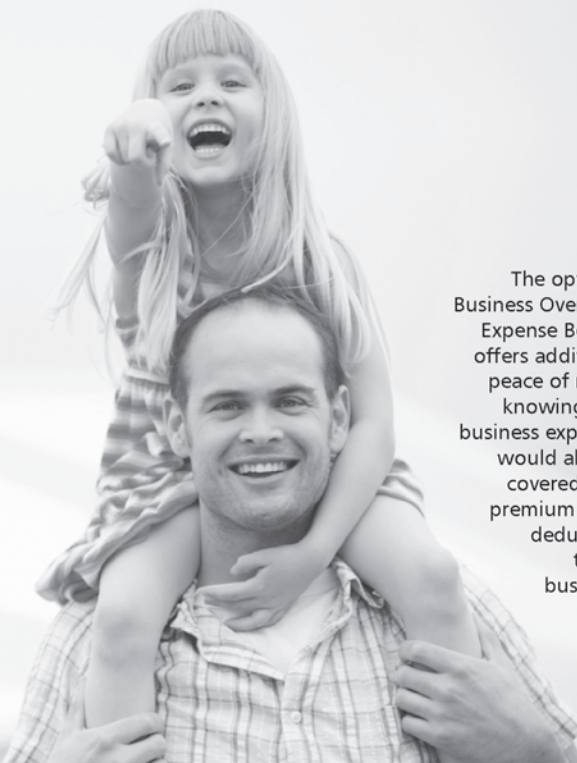
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# COMPLAINTS AND CLAIMS IN AN ECONOMIC DOWNTURN

## INSURANCE AND RISK MANAGEMENT

*Hal Huff (Sr.), Managing Partner, Partners Indemnity Insurance Brokers Ltd.*

Since late last year when the current financial crisis arrived NDs have been facing a rising number of malpractice complaints and claims from patients. While there is no actual data tying the two together, history indicates that this is not the first time litigators have become more active in a financial downturn.

The nature of complaints we have received range from financial disputes to full blown malpractice claims involving sickness, injury and death. There has never been a better time for NDs to be aware of the potential devastating effects of a patient complaint.

When faced with a complaint it is of the utmost importance that NDs ensure that best practices have been followed when treating patients. Challenges can be faced if issues arise relating to a lack of proper training or if standard procedures/best practices are not followed, for instance when using IV or injection therapies. Additionally, a financial complaint over fees if not properly addressed can also lead to an official complaint before your regulatory board.

If an incident should occur, we offer a word of caution: do not over react. Remain calm; listen thoughtfully and carefully to the patient whether the claim involves treatment or fees. Express your concern and your desire to work with the patient to rectify the situation if you feel it is warranted. Take notes of the conversation so that you have an accurate record for your file. In these hard economic times patients may complain about fees and request a refund. Returning or waiving fees under such circumstances without a formal release could result in your insurer denying coverage under your policy should a subsequent formal complaint or malpractice claim occur. The bottom line: if you suspect there is any potential that a complaint will be registered or if you are not sure what to do in the circumstances, contact Partners Indemnity for a consultation.

After you report the matter to Partners a strategic plan will immediately be established with the help of a claims consultant and a lawyer who may be appointed to represent you. One question NDs often ask is, "How could reporting a potential claim to Partners affect my premium?" The answer is that there would be no direct impact on your personal insurance premium under such circumstances.

Therefore we encourage you to contact us at anytime you feel the need to do so.

Our claims professionals and lawyers council clients on a frequent basis and will guide you through the process whether it involves a direct response to a patient's complaint, a formal complaint through your regulatory board or a lawsuit.

Another question frequently asked by NDs is, "How does my policy work?" The policy is designed to protect NDs from malpractice complaints and claims and prepare NDs in the event of a potential claim. If it is a question of a complaint without legal action there is a provision under your CAND malpractice policy to provide legal assistance and advice in preparing an appropriate response. If the complaint is made to your regulatory board or college resulting in a subsequent hearing then further professional aid and legal help are provided to help you prepare your case.

In the case of a formal claim where legal action is initiated our claims professionals will appoint a lawyer to represent you. It is very important that Partners Indemnity be notified immediately of any legal action and any documents should be faxed or emailed to the Partners office for handling. The policy will pay for the cost of servicing the claim including legal expenses and cover any subsequent damages awarded against you if we are unsuccessful with your defence.

The CAND policy provides a maximum limit of liability including legal costs up to \$2 million in any one policy year. There is an optional limit of \$3 million. The higher limit is recommended for those NDs practicing therapies of higher risk such as IV therapy. In addition there are sub-limits provided in the policy for regulatory board complaints and legal defence costs for successful criminal actions.

The litigation process can be a long and painful one and the expense of providing a good defence can be high. It is important to keep in mind, however, that all claims and potential claims must be recognized, taken seriously and handled appropriately by the ND. Our team of professionals has been working with CAND members for over nine years. We are here to help you. Should you require advice at any time please contact us. Your questions and comments will always be handled confidentially and professionally.

# THE IMPACT OF HST ON NATUROPATHIC PRACTICE

## BUSINESS TIPS

*Thomas Kriens, Chartered Accountant*

On March 26, 2009, the Ontario government announced in its annual budget that it will eliminate its existing provincial sales tax (PST) and introduce a harmonized sales tax regime with the federal GST. This will take effect on July 1, 2010.

The GST is a value-added tax applied to goods and services, which is designed to be paid by the ultimate consumer. GST paid by practices is recovered through the claiming of input tax credits (ITCs), meaning that sales tax is not included in the practice costs. PST, on the other hand, while still charged to the consumer, is also payable on many business inputs, increasing business costs.

The main change in a practice is that the taxes charged on your services will increase from 5% to 13%; however your costs for the PST portion of 8% will potentially decrease. With HST, the PST portion paid on business expenses will now be recouped in the same manner that GST is currently recouped.

### **Recovery of PST**

The biggest winners with the introduction of harmonization will be the Ontario business community, which includes naturopathic doctors. Unlike the GST, Ontario businesses pay PST on many business expenses (such as office supplies and marketing) with no ability to recover the tax. This embedded PST becomes part of the costs of the business. Under a harmonized sales tax system, ITCs will be available to recover the provincial component of the tax, which will result in lower costs for a naturopathic practice.

### **Small Businesses/Practices**

To help reduce the compliance cost of the move to the new system for small businesses (annual revenue of less than \$2 million) a credit of between \$300 and \$1,000 will be allowed for the first reporting period after harmonization.

### **Getting Ready for Harmonization**

The following are things that practices need to think about as harmonization approaches:

### **Conversion of Systems**

Many practices will likely find the conversion to the HST a timely and potentially costly and challenging endeavour as billing and financial reports will need to be changed to accommodate the HST. The set of service and inventory items, invoices, sales receipts, purchase orders and expense reports will likely require some modification. Those practices with complex billing cycles that straddle the transition time may find the transition to a harmonized sales tax particularly onerous.

### **Budgeting for HST**

As with all changes to a business, the impact of the introduction of the HST on budgets and cash flow projections will have to be evaluated. The ability to recover previously unrecoverable PST as ITCs will reduce costs once the HST is implemented. Cash flows will be impacted due both to the collection and remittance of the HST on a broader range of goods and services sold, and the payment of the HST on practice inputs.

### **Contractual Obligations**

You will need to review any contractual obligations your practice has to determine the impact of harmonization on these agreements. Harmonization also needs to be considered in negotiating new contracts that extend beyond July 1, 2010.

### **Planning Considerations**

You should review planned expenditures as the conversion date approaches and determine whether these expenditures are subject to PST that can't be recovered. If possible, these expenditures should be incurred after June 2010 so that the provincial component of the tax paid qualifies for an ITC.

In addition, small businesses who file GST returns on a quarterly or annual basis should consider whether they want to file HST returns monthly. Filing monthly will allow these businesses to recover the HST they pay on a more frequent basis than filing returns on a quarterly or annual basis. Note that while businesses can change their reporting periods by filing an election, the change will only take effect on the first day of a fiscal year.



# ASSOCIATION UPDATES

## ACADEMIC, REGULATORY BOARD AND

### **Canadian Naturopathic Foundation – [www.cand.ca/index.php?id=cnf](http://www.cand.ca/index.php?id=cnf)**

The past year has been dedicated to the legal re-organization of the CNF, a process that has been time consuming and costly. However, it is necessary to update the CNF to meet the current requirements for the BC Society Act and the Canada Revenue Agency for charitable organizations. The CNF Annual General Meeting was held on October 17, 2009 in Vancouver, BC and the new by-laws and constitution were accepted by the members.

Board members for 2009-2010:

President/Treasurer: Dr. John Cosgrove, ND  
Vice President: Dr. Wayne Steinke, ND  
Secretary: Dr. Sherry Ure, ND  
Director: Dr. Jennifer Salib-Huber, ND

Our current initiative is the Cost-Effectiveness Study. This important research study will be used to demonstrate the efficacy and cost-effectiveness of naturopathic treatments in Canada. Donations will receive a charitable tax receipt and can be made securely online through the CNF page at [www.cand.ca](http://www.cand.ca)

### **British Columbia Naturopathic Association – [www.bcna.ca](http://www.bcna.ca)**

There has been a huge amount of activity over the last year outside of scope of practice negotiations. Overall, we have made enormous strides in creating a broader professional identity with both health professionals and the public at large. These activities include outreach, such as Dr. Wickland's work with the 24-Hour Relay, Dr. McIntyre's work with the Healthy Living Alliance, and Dr. Ng's work on improving our identity with agencies and health organizations and facilitating Naturopathic Medicine Week.

One new area of focus over the last year has been liaising with members regarding ethical issues. I would like to recognize Dr. Lisa Connoly, who has a broad knowledge of ethics along with over two decades of practice experience, for her support to members and for offering her time so generously.

I would like to thank all our directors for their

efforts and commitment, as well as our membership for their financial and professional support.

Dr. Christoph Kind, ND, BCNA President

### **Saskatchewan Association of Naturopathic Physicians – [www.sanp.ca](http://www.sanp.ca)**

SANP regrets to report that after many long years of hard work as president and vice-president respectively, Dr. Alana Barmby, ND and Dr. Tim Mrazek, ND have stepped down. We are pleased to welcome as president Dr. Leshia Ferguson, ND and Dr. Kent Bailey, ND as vice-president.

We are actively raising public awareness of naturopathic doctors in Saskatchewan and are negotiating radio advertisements in the major cities. Through increased public awareness of the role naturopathic medicine plays in promoting health and wellness we hope to motivate our Health Ministry to accept our legislation for update in 2010. In order to assist us, please visit [www.sanp.ca/about\\_sanp.htm](http://www.sanp.ca/about_sanp.htm) and scroll down to send an email to our Health Minister.

As well always we are looking for new NDs to come and work in our province and are pleased to say we are now at 19 with room to grow!

### **Manitoba Naturopathic Association [www.mbnd.ca](http://www.mbnd.ca)**

The Manitoba Naturopathic Association is pleased to welcome our new member Andrew Bryk, ND to our naturopathic medical community of 22 members. Our AGM is scheduled for Saturday November 7, 2009. We recently completed work as a signatory on the Mutual Recognition Agreement and continue to work with government and other regulated health professions in Manitoba towards coming under the new Regulated Health Professions Act that professions in Manitoba towards coming under the new Regulated Health Professions Act that received Royal Assent on June 11, 2009. We continue our work with the Office of the Fairness Commissioner ensuring compliance with the new Fair Registration Practices in Regulated Professions Act. Our focus over

the next 12-24 months will be supporting our members by ensuring we are well represented throughout the new regulatory process and updating regulations, bylaws and policy to that effect.

**Ontario Association of Naturopathic Doctors  
[www.oand.org](http://www.oand.org)**

*OAND Convention 2009 - Revolutionizing Medicine: The Connection Between the Environment and Health (November 13 – 15, 2009)* is shaping up to be the biggest and boldest convention hosted by the OAND. Naturopathic medicine has always been the 'green' option in health care and there has never been a better time for NDs to take a leadership role in promoting the cornerstones of what their practice brings to the continuum of health care. Convention 2009 opens with a keynote presentation from Dr. David Suzuki. NDs will be drawing relationships between the environment and health and delegates will have the opportunity to hear from 20 of the most respected experts on this subject. Having the event launch with NDs interacting with the public also kicks off the OAND's bold new plan to market this profession to the public.

For more information or to register visit [www.oand.org/convention09](http://www.oand.org/convention09) The deadline is November 4, 2009.

**Board of Directors of Drugless Therapy – Naturopathy – [www.boardofnaturopathic-medicine.on.ca](http://www.boardofnaturopathic-medicine.on.ca)**

The BDDT-N continues to carefully navigate the transition from regulation under the outdated DPA to the RHPA. Each of these key objectives is motivated by our overarching mandate, to serve and protect the public interest. The Board will continue to:

- Regulate the profession under the DPA throughout the entire transitional process,
- Approximate regulation under the RHPA as much as permitted under the DPA, in order to ease the profession's transition,
- Work with the government to fine tune the Naturopathy Act, 2007 to include prescribing authority, and
- Ensure there are no regulatory gaps in the transition from the DPA to the RHPA.

The Transitional Council has been appointed by the Ontario Cabinet and includes all five members of the board.

The Board has spent considerable time and resources

in urging the government to grant the profession access to prescribing and believes that substantial progress has been made. We are hopeful that by the time this report is published this will have been achieved. A Bill before the legislature now includes one amendment initiated by the Board giving the new College authority to act on complaints related to conduct that occurred while an ND was regulated under the DPA, but that comes to light following transition.

**Nova Scotia Association of Naturopathic Doctors – [www.nsand.ca](http://www.nsand.ca)**

NSAND continues its work implementing a Naturopathic Doctors Act in Nova Scotia, with meetings at the Department of Health, the formation of a Disciplinary Committee, and the writing of a policies and procedures handbook on all aspects of the Association workings.

NSAND members recently held their fall meeting, with a 75% attendance rate, in advance of our two-day workshop (featuring Dr. Verna Hunt, ND) and AGM in November.

A current priority is the development of a H1N1 flu protocol to be shared amongst members as well as general H1N1 information available to the public via the news section of our website.

**Council on Naturopathic Medical Education  
[www.cnme.org](http://www.cnme.org)**

In June of 2009, the CNME formally adopted a new set of accreditation standards that will take effect in January of 2011. The Council's accreditation standards set the educational requirements for ND programs, and address a range of other important aspects of colleges that offer ND training, including: faculty qualifications, administrative and governance structures, finances and facilities.

The Council's goals in revising the standards were to make them clearer and more precise, to update and upgrade the educational requirements, to emphasize the importance of integrating naturopathic principles and philosophy throughout the entire program of study, and to ensure that individual ND programs comprehensively evaluate whether ND students learn the full range of skills and competencies needed for safe and effective practice. The CNME is grateful for the help it received from the various communities of interest that together make up the field of naturopathic medicine. Download the new accreditation standards from [www.cnme.org](http://www.cnme.org)

*Continued on page 21*



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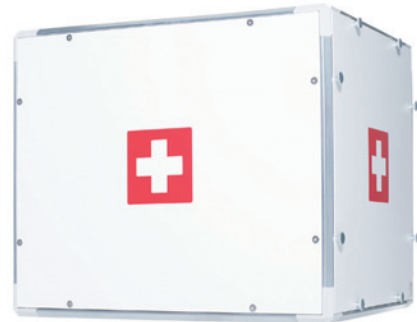


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**www.ccnm.edu**

**IHC Opens**

CCNM's Integrated Healthcare Centre opened its doors on September 1. The clinic features 11 state-of-the-art treatment rooms and is now home to five naturopathic practices and one clinical psychologist.

**Two Research Studies Published**

CCNM's Director of Research, Dugald Seely ND, Associate Director, Kieran Cooley ND, and Research Associate Orest Szczurko ND recently had two studies published in high profile academic journals.

"Naturopathic treatment of rotator cuff tendinitis among Canadian postal workers: A randomized controlled trial" was published in the *Arthritis and Rheumatism Journal*, the official journal of the American College of Rheumatism.

"Naturopathic Care for Anxiety: A Randomized Controlled Trial" 2 was published in *PLoS ONE* and *PLoS Clinical Trials*, a peer reviewed, open source journal related to clinical trials. This study can be accessed at: <http://www.plosone.org/article/info:doi/10.1371/journal.pone.0006628>

As a direct result of this favourable research, Canada Post has subsequently doubled coverage for naturopathic care in their workers health benefits packages and continues to work with CCNM's research department to explore the benefits of naturopathy for their employees.

**Boucher Institute of Naturopathic Medicine**  
**www.binm.org**

This has started out as a year of burgeoning growth. We are establishing a number of new initiatives that include the Boucher Foundation for Naturopathic Medical Education, the BINM Sustainability Committee, and incorporating contemplative education. For our tenth anniversary next year, we are planning that our new foundation will be founded and able to take donations and allow us to expand our resources, services and space. In terms of the BINM Sustainability Committee, we are bringing more awareness and action to greening our environment and finding partners that will support these initiatives. A very exciting area we are pursuing is bringing naturopathy and contemplation into our curriculum. Dr. Patricia Wolfe, ND attended Naropa University this summer to bring back ideas and Dr.

Dave Scotten, ND is adjusting the curriculum schedule to allow a reflective and more natural flow to the learning.

**Naturopathic Students Association**  
**www.nsa-ccnm.com**

It appears that major program design concepts are being tackled this year both in classroom and in the clinic. For our didactic learning series, a rather significant switch to a more wholistic, module-based learning format has begun to phase into our core science and diagnostic courses.

Students are moving towards a smoother transition to becoming clinicians. First-year students are now welcomed into the clinical setting as silent shadows of both the supervisors and fourth-year interns. Second-year students also shadow the fourth-years, participating in the intake as well as a portion of the physical exam of the patient. This is followed by our regular shadowing schedule for third-year students allowing us to slowly step into the role as doctor, building confidence along the way.

In June, many CCNM students attended Health Fusion thanks to learning bursaries provided by the CAND. In exchange for this learning opportunity, each recipient was required to write a summary of one of the lectures they attended. The essays will be compiled and published in CCNM's student paper *The Vine*. Another new section of *The Vine* will focus on various NDs across Canada. The aim is to give the CCNM student body an idea about regional variations in practice and how diverse the work of an ND can be. If you are an ND practicing in a unique niche, please contact us!

**National University of Health Sciences**  
**www.nuhs.edu**

The naturopathic medicine program at National University of Health Sciences in suburban Chicago is thriving with over 75 current students. The first cohort is finishing their clinic internship, and will graduate this December. The program now has five full-time ND faculty members, in addition to adjunct and shared faculty. Incorporated in the on-campus integrative medical clinic are a hydrotherapy room and a dispensary stocked with botanicals and key nutritional supplements.

**The following organizations did not submit an update: CNPBC, AANP, QANM, NLAND, NBAND, PEIAND, YNA and BNSA.**

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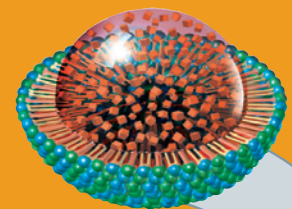
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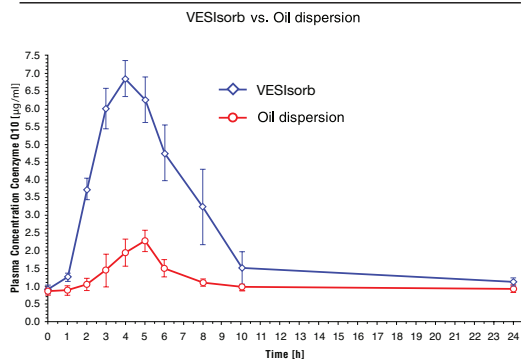


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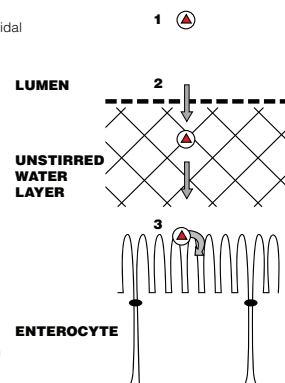


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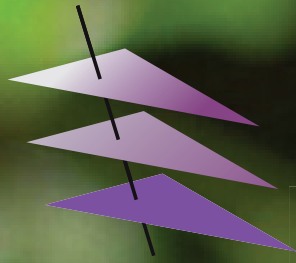
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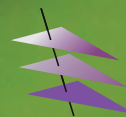
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(presented at the national conference, June 9, 2009)

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# THE NATUROPATHIC PRINCIPLES APPLIED TO HEALTH CARE IN THE 21ST CENTURY

*Dr. Daria P. Love, DC, ND*

The principles of naturopathic medicine may seem to be philosophical abstractions in the face of the realities of professional practice. The pressure to meet financial obligations, fulfill the needs of demanding patients, and remain ahead of the administrative duties and never-ending paper work can be overwhelming for even the most experienced practitioners. Yet within these principles lie not only the essence but also the uniqueness of naturopathic medicine. However, like many principles or philosophies of living, they only have meaning in their application, and they can only be part of our professional identity when we truly believe that this is who we are. Our principles form the foundation of our interactions with our patients, and influence every aspect of our lives. They are the framework within which others can understand who we are, and build their trust in our integrity as a profession.

Naturopathic doctors often feel considerable stress regarding their ability to succeed in practice. We continue to be an emerging health profession despite our medicines and clinical methods having endured over the years. We may feel the stress of having to prove ourselves and the validity of our medicine and our procedures, and it is difficult when the more dominant health professions continue to deride our profession and create conflict for our patients when they are seeking our care.

Yet naturopathic doctors must learn to believe that we are the leaders and experts in health care based upon supporting the healing power of nature. We need to value our eclecticism and ability to integrate many perspectives into a co-ordinate whole. No other profession actively addresses the concept of the body, mind and spirit in a wholistic healing manner. As naturopathic doctors our practices can reflect our personal interests and skills, and even allow us to become expert in very specialized therapies and prescriptions. Perhaps one of the

greatest challenges for our profession is our own acceptance and celebration of this eclecticism.

Naturopathic care is not limited to a medicinal prescription or a treatment intervention. It is important to remember that a patient consults you for your professional and expert advice, and no matter how few one's years in practice, the naturopathic doctor has more information than the patient, or at the very least, a better perspective. Our patients often present with very complex and chronic health issues, and an accompanying array of pharmaceutical medicines and a similar variety of supplements that sounded good along the way. They are often frustrated and demoralized, and many times financially depleted. We are often 'the last hope'.

Naturopathic doctors are known and respected for the time we spend listening to our patients, and creating an environment of communication and caring. We value the opportunity to understand not only the facts of the case but also the patient's experience and perception of the circumstances. We seek to gain insight into their needs, hopes and fears as a means of creating mutual understanding and empowering them in their process of health care management and healing. But we are also laying the foundation for real human interaction, trust and empathy that will shift health care from what is being done to one to a process that is created in partnership.

As primary health care practitioners, we often have the task of being the diagnostician in both a naturopathic and allopathic perspective, and the burden of building objective measures to validate naturopathic therapeutic strategies. Naturopathic medicine is moving from 'soft' diagnostic and therapeutic criteria to more science-based and what may be perceived to be reductive thinking. While our language is changing and increased dialogue with other health professionals is occurring, our message of health and healing is not compromised or

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diluted if we are unequivocal in our belief in our principles. Our communication and interaction with the general public has never been greater. In the early years of the naturopathic profession's renaissance the majority of patients were the 'converted', those philosophically committed to naturally-based therapies. Those times are past. The Boomers may be the most medically managed generation to date, but they are also seeking other health care options. They are widely read and knowledgeable, and they want to have the best of it all. They, and the newer generations, are beginning to understand that disease management is not health care, and they are becoming proactive in learning and integrating healthy measures into their lifestyles.

Newspapers, magazines and the Internet are filled with health information. We need to value our education and ability to communicate on professional and scientific levels in order to reach this educated, savvy and much more aware public, while promoting and creating health care strategies in accordance with our principles. We need to grow beyond our grassroots levels and promote our vision of health care to the world of science and health and embrace new science supporting our principles. We should not accept a marginal position in the hierarchy of health care.

Naturopathic medicine provides a framework within which most health care strategies can be incorporated, wherein a process for healing can be established and not reduced to singular interventions. Our philosophy and principles are the groundwork for compassionate and responsible health management, facilitating dynamic and interactive patient centered decision-making and care.

One dilemma that faces us is that naturopathic doctors are both generalists and specialists, all under one hat, and it can be difficult to determine the best avenues for care. It may at times feel easiest to 'do it all' and hope something works. But experienced practitioners have learned to be patient and respect the healing power of nature. Perhaps the greatest strength of naturopathic medicine, and also the greatest source for confusion, is that there are many paths to similar ends, and the task is not in the volume of prescriptions but the therapeutic focus. While we can talk about the essence of a case, our task is to provide a path to health and healing, and the process of so doing.

One of our greatest and most important roles is the doctor as teacher. Increasingly, patients are consulting naturopathic doctors in their desire to

understand current and proposed medical strategies. Naturopathic doctors are often the first to recognize adverse effects to pharmaceutical prescriptions and combinations because no one else has taken the time to listen to the patient's story. Naturopathic doctors are often the only ones willing to work with patients in uncharted territories of combining botanical, nutritional and lifestyle therapies with established medical protocols. We take the lead in monitoring and measuring our patients' responses in order to create the most beneficial programs with the least side effects for long-term health benefits. We work to identify our patients' health expectations in order to establish choices in health care. We are skilled in integrating a variety of health strategies for the maximum benefit of our patients and we may stand alone amongst the health professions in our willingness to discuss and explore health and illness care options to facilitate informed choice for our patients. No patient wishes to make important health decisions in fear and judgment, and naturopathic philosophy underlines our duty in helping patients make the best decisions for themselves.

Increasingly, naturopathic doctors are working with pathological and critical health conditions. Naturopathic medicine has newly broadened its horizons to encompass health care therapies that are relevant and effective in such cases, yet supportive of the functional basis upon which health and healing can occur. These may challenge some of our thoughts about what naturopathic medicine should be, but it has been my experience that these seemingly allopathic strategies have profound healing potential. They often provide an inroad in potentially unresponsive cases, and build a bridge from a reactive intervention to proactive health care. They can bring the patient from a critical health position, or a doubting mental perspective, to delighted, surprised and enthusiastic support of naturopathic medicine.

Patients often consult naturopathic doctors to see how naturopathic medicine will fit within their current health protocols. While our primary goal may be to determine the underlying cause of disease rather than simply managing or suppressing symptoms, we must work in synergy with our patients, focusing on their immediate concerns, while also recognizing risks and symptoms patients may overlook, and working to shift the paradigm to health. Rome was not built in a day; health will not be achieved in a visit. It is important to create programs that are realistic for the individual from

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an emotional, physical and financial perspective. We need to help them make the best possible choices within these parameters, and at times this may in fact involve the inclusion of therapeutic procedures that are symptom-based and suppressive in nature. Naturopathic doctors are often able to provide emotional and physical support and therapies needed during critical times, building the strength and the confidence our patients need to take charge of their health and provide the insight and strategies for new health directions and possibilities. Small patient successes build greater successes for both the patient as well as the doctor. In my experience, a step-by-step approach has been fundamental not only to my practice success, but to the trust and confidence my patients have in my judgment as well as my clinical skills.

The naturopathic profession has not yet reached its zenith. Our principles are true. It is our belief

in ourselves, our message and the power of our medicines and therapies that will determine whether the truth of our principles can endure and are sustainable as we move with the demands of the 21<sup>st</sup> century. Carpe Diem, absolutely.

### About the Author

Dr. Daria Love is a naturopathic doctor and now retired chiropractor. Her professional career has included academic positions with CMCC and OCNM as well as lecturing at CCNM. Dr. Love was a member of the Board of Governors of CCNM for 11 years, and held a variety of positions including Vice-Chair. Over the years she has been involved in a number of media and public presentations promoting health and naturopathic medicines. She has maintained a private practice in downtown Toronto since 1981, and is currently pursuing artistic interests in jewelry. Dr. Love may be contacted at [dlove@pathcom.com](mailto:dlove@pathcom.com)

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# HYDROTHERAPY SELF-CARE IN OSTEOARTHRITIS: COOPERATING WITH THE HEALING POWER OF NATURE

Dr. Teresa Tsui, ND

*Neither water nor heat nor cold heals; only the body heals; but hot and cold via water can enhance the capacity of the body to heal. ~ Boyle and Saine (Lectures in Naturopathic Hydrotherapy)*

Hydrotherapy works so simply and elegantly when applied by patients who are looking for creative and cost-effective treatment solutions for a range of different acute and chronic conditions. Osteoarthritis (OA) is one of these chronic conditions, manifesting as chronic degeneration of the joints, commonly the knee and hip, with a prevalence of approximately 38% in individuals over age 65.<sup>1</sup> With an aging population, a growing proportion of individuals will likely develop OA. Hydrotherapy offers a promising supportive treatment for individuals with OA based both on my clinical experience and the literature.<sup>2</sup> In this paper, I will discuss how hydrotherapy works, provide some background for OA, and outline home treatments that patients with OA can adopt for home care.

## **How does hydrotherapy work?**

Some believe that Hydrotherapy is simply thermotherapy, where the effect of temperature (heat or cold) has a direct healing effect on the body. Water may be viewed as the medium through which we transfer heat or cold. An expert in hydrotherapy and a Professor at the Canadian College of Naturopathic Medicine, Glenys Brydges, ND believes that "Water itself, regardless of its temperature, has a presence, a power, an ability, by its very nature, to be healing. In fact hydrotherapy is one of the clearest manifestations of the *vis medicatrix naturae*, or the healing power of nature." Using hydrotherapy is therefore well aligned with our key naturopathic principles and encompasses much more than what is suggested in thermotherapy.

Wade Boyle and André Saine, NDs and

authors of the book *Lectures in Naturopathic Hydrotherapy* describe three key properties of water contributing to its healing properties. Firstly, water has a high specific heat capacity. While it takes a lot of energy to raise the temperature of water, it also releases an equal amount of heat when it cools. Secondly, the fluidity of water enables it to conform to any body surface. Lastly, water is also a very effective conductor.<sup>3</sup> Hot and cold water have a different impact on the body depending on the duration of application (See table 1). Physiologically, warm water vasodilates, moving blood and immune cells to a local area. Warm to hot water which comes in contact with a joint also improves range of motion as a result of increased local circulation. In contrast, cold water vasoconstricts. Alternating hot, cold water treatments have been shown to positively impact immune function, improve stress response, and alleviate insomnia<sup>3</sup>, amongst other conditions. The underlying principles of how water works is meaningful when understanding how hydrotherapy works in the management of OA (see section on Home Treatments below).

## **Osteoarthritis – prevalence and current treatment options**

Osteoarthritis (OA) is a common chronic degenerative inflammatory condition causing significant pain and loss of function.<sup>4</sup> The knee and hip are common joints affected in OA. In general women are up to four times more likely to suffer from OA than men.<sup>5</sup> One hypothesis is that obesity (BMI >26) is one risk factor for development of OA<sup>6</sup>, suggesting that weight-loss could be an effective treatment strategy. Conventional pharmacotherapy for OA typically includes non-steroidal anti-inflammatory drugs (NSAIDs).<sup>4, 7</sup> Individuals with OA also explore complementary and alternative medicine (CAM) as a treatment



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option. An estimated 40% of individuals with OA self-prescribe natural health products.<sup>8</sup> Other CAM treatment options for OA include acupuncture, mind-body techniques, and physical manipulation techniques.<sup>9</sup> With no cure for OA, the goals of pharmacotherapy and non-pharmacotherapy are to manage pain and reduce loss of function associated with OA. Naturopathic doctors also consider food intolerances, oral and topical anti-inflammatory nutrients and herbs, Asian Medicine, homeopathy, amongst other treatment modalities to address and treat the cause of disease.

A number of Cochrane reviews have examined the effectiveness of using thermotherapy, exercise therapy, and pool therapy, each reporting beneficial improvements in pain and function in individuals with OA of the hip or knee.<sup>10-12</sup>

### **Home treatments for patients with osteoarthritis**

Hydrotherapy is a well-established treatment modality for OA that can be easily recommended to patients as home treatment. Below, we have outlined a few key treatment suggestions that you can consider for your patients. Where available, I have included supportive research and mechanisms of action for each treatment.

**1. Drink more water** – In Dian Dincin Buchman's book – *The Complete Book of Water Healing*, drinking water is recommended for the treatment of rheumatism. Encourage patients to drink at least eight glasses a day, as synovial fluid, which lubricates our joints is primarily composed of water. Individuals who are dehydrated may be susceptible to developing chronic arthritis as there is less fluid volume in the synovial fluid. Drinking larger quantities of water is also helpful to encourage the body to eliminate waste through the skin and kidneys.<sup>13</sup>

### **2. Alternating hot and cold –**

#### Showers

A popular application of the hot and cold properties of water is the alternating hot and cold shower. Boyle and Saine suggest a longer hot (e.g., 3 min) coupled with a short cold (e.g., 30 seconds), to produce an invigorating effect on the body (Table 1). Traditionally, cycles of three are recommended, always ending with cold.<sup>3</sup> These alternating showers offer relief for individuals suffering with OA.

#### Foot baths

A variation of the alternating hot and cold theme can be applied as a foot bath, one form of partial immersion. The patient may require some assistance with this treatment. Prepare two basins of appropriate size - approximately reaching just below the knees. Have a bath- or water-proof thermometer on hand. Add a few drops of Citricidal (grapefruit seed extract) or *Hypericum* tincture to the water for disinfectant effects. Immerse the patient's feet into the hot bath for three minutes (see Table 2 for recommended water temperatures of hot vs cold immersions). In the mean time, fill the second basin with cold water. If necessary, have some ice available to increase the contrast between hot and cold temperatures. Next, immerse the feet into the cold water for up to 60 seconds. This can be a shock for many individuals, particularly if it is their first treatment. Repeat the alternating hot and cold immersions for a minimum of three cycles, ending with cold. If the patient's arthritis is worst with cold, consider ending with hot. Increase the hot temperature by 2-3F increments, up to 110F (or 43C). The patient will experience a decreased intensity of treatment after each alternation so do not exceed six cycles as you may experience a point of diminishing returns. Instruct the patient to wrap their feet in a towel to dry after completing the treatment.<sup>3</sup>

**3. Alternating thigh affusions for osteoarthritis** – A ten-week prospective randomized controlled three-arm trial is currently investigating the use of Kneipp's hydrotherapy in the form of alternating thigh affusions for the treatment of individuals with knee and hip osteoarthritis (See Figure 1). Unlike other forms of conventional hydrotherapy, the authors describe the use of alternating cold and hot thigh affusions. The initial cold causes vasoconstriction followed by reflexive vasodilation.<sup>9</sup> Other human studies have found that serial cold and hot applications for individuals with osteoarthritis reduced pain, improved joint mobility and quality of life over a treatment period of up to three months.<sup>9</sup> Instruct the patient to stand in their shower, disrobed. Apply a detachable shower head to produce an affusion stream. The direction of affusion starts away from the heart, going towards the heart. Please note that the direction of stream affusion application is opposite to conventional hydrotherapy (proximal – distal-proximal). Allow the water to run over the thigh starting on the back of the foot up the outer aspect of the back of the

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\*Based on the results of an independent clinical study.

leg, over the buttocks. After the back of the thigh is covered, move the affusion to the front of the leg, starting on the lateral aspect of the foot, up the thigh, over the hips, and down the medial aspect of the leg. The authors do not provide an average length of treatment (See Figure 1).<sup>9</sup>

**4. Epsom salts** – Epsom salts, composed of largely magnesium sulphate crystals have many healing properties. Two Epsom salt treatments will be discussed below – the Epsom salt bath and salt glow.

#### Epsom salt bath

Epsom salt baths help the body release metabolic waste (e.g., lactic acid), toxins, and also help relax hypertonic muscles. The elimination of waste occurs through perspiration.<sup>14</sup> Consider recommending two to three cups (~1 kg) of Epsom salts dissolved in a bathtub of hot water. Ask patients to remain in the bath for 15-20 minutes for therapeutic effect.<sup>13,14</sup> A hand towel dipped in cold water can be wrapped around the collar of the patient's neck during treatment.<sup>14</sup> Individuals may enjoy a home-made tea or electrolyte beverage while immersed in the Epsom salt bath as they will likely lose fluids and electrolytes in their sweat. At the end of treatment, add cold water to the bath or end with a cold shower. By immersing the body in a short cold treatment, it stimulates the senses after a long hot treatment. Ask the patient to wrap themselves up in a dry towel to end the treatment. Recommending this treatment about one hour before bedtime might help alleviate insomnia.<sup>13</sup>

#### Salt glow

Another application of Epsom salts is using them in a salt glow. A salt glow is easily prepared with coarse salt which is moistened with water until a sticky consistency is achieved.<sup>3</sup> This treatment might be more easily performed by another individual for the patient. First, the area of the body being treated is exposed and is wet. Approximately a handful of moistened salt is applied to the skin in a back and forth motion. The goal is to apply friction to the skin, to vasodilate the local area to improve circulation. This treatment is applied to the patient's tolerance or until the skin turns pink. For a full-body salt-glow treatment, start with the fingers of the arms towards your forearm and upper-arm. Afterwards, rub salt over toes, ascending to the legs. The order of treatment is; the chest, abdomen, back, hips, and buttocks. The salt is to be removed with a cool shower or bath. Patients are advised to rub their

skin during their rinse and then dry it with vigorous friction. Resting for 30 minutes afterwards is also recommended. The salt glow is contraindicated in areas of eczema or other skin lesions.<sup>3</sup>

**5. Castor oil** (*Ricinis communis*) – Encourage patients to apply a warm castor oil compress to an arthritic joint as castor oil is remarkably anti-inflammatory and healing. Drizzle a flannel or cotton cloth, which is slightly larger than the joint being treated, with castor oil. Apply the oiled side to the affected joint. Cover the compress with a plastic bag and secure both to the patient by wrapping with a piece of Velcro or elastic bandage. A hot water bottle or hot bean bag can be applied on top to amplify the healing properties of the castor oil. The castor oil pack can be used for about thirty minutes each time.<sup>13</sup>

**6. Peat therapy** is defined as decomposed organic matter with anti-inflammatory and high specific heat capacity properties which has widespread therapeutic applications<sup>15</sup>. Peat can be applied as an immersion or peloid pack (sometimes referred to as mud-pack therapy) to ameliorate the symptoms of osteoarthritis.<sup>15</sup> In a three arm open-label unrandomized trial, 80 patients with OA of the knee were assigned to one of three groups – 1. balneotherapy, 2. mud-pack therapy, 3. hot-pack therapy. Each treatment was applied for 20 minutes once a day for five days a week for 10 sessions (two weeks). Pain, function and quality of life were assessed after two weeks and three months after treatment. Pain and function measurements improved significantly compared with baseline for all three groups. Quality of life improved for balneotherapy and mud-pack therapy groups after three months.<sup>16</sup>

In the study, the authors used natural spring water at a temperature of 36-60C, containing sodium, bicarbonate, sulfate, calcium, magnesium, iron-aluminum cations, chlorine and metasilicate anions.<sup>16</sup> Some NDs will administer peat balneotherapy or peloid packs in-office prior to recommending home care for patients. It is believed that peat therapy is effective because of its anti-inflammatory and thermogenic effects.<sup>16</sup>

In summary, water is a wonderfully-healing natural resource that we can easily incorporate in our practices. Water is used for its thermal properties but in itself has a healing presence and is a manifestation of the *vis medicatrix naturae*. In this article we have explored the use of hydrotherapy home care treatments for patients with osteoarthritis. Hydrotherapy

has numerous applications, including improvements in vitality, stress-response, immune function, amongst many others. It is truly a naturopathic modality that seeks to *remove the cause* (such as stress, toxic load), and aims to do no harm as an effective substitute for unnecessary pharmaceuticals or diagnostic procedures.<sup>3</sup> Consider recommending these simple home treatments to your patients with osteoarthritis – all of which cooperate with the healing power of nature.

**Table 1: Effects of long and short hot and cold applications on circulation and metabolism**

Application	Duration	Effect on circulation	Effect on metabolism
Short hot	< 5 min	Stimulative	Stimulative
Long hot	> 5 min	Depressive	Stimulative
Short cold	< 1 min	Stimulative	Stimulative
Long cold	> 1 min	Depressive	Depressive

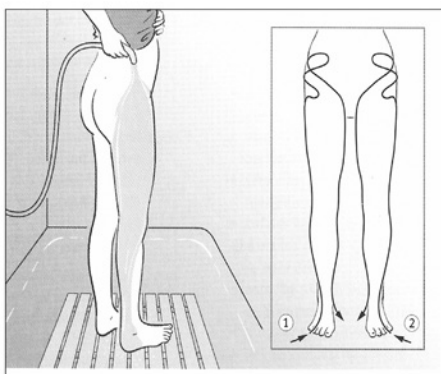
Adapted from Boyle and Saine, Lectures in Naturopathic Hydrotherapy.<sup>3</sup>

**Table 2: Alternate hot and cold foot bath temperatures and duration of immersion**

Application	Duration	Temperature Range
Hot	3 min	103F or 39C (1st cycle), 105F or 41C (2nd cycle), up to 110F or 43C (3rd cycle and beyond)
Cold	30 seconds	40-70F or 4-21C

Adapted from Boyle and Saine, Lectures in Naturopathic Hydrotherapy.<sup>3</sup>

**Figure 1: Alternate thigh affusion indicating the direction of water flow**



This figure outlines the sequence of thigh affusion – starting away from the heart, moving towards the heart. The thigh affusion starts on the back of the foot up the outer aspect of the back of the leg, over the buttocks. After the back of the thigh is covered, move the affusion to the front of the leg, starting on the lateral aspect of the foot, up the thigh, over the hips, and down the medial aspect of the leg.<sup>9</sup>

## Acknowledgements

I consulted with Dr. Glenys Brydges, ND and Hydrotherapy Professor at the Canadian College of Naturopathic Medicine during revisions of this manuscript. Glenys, thank you for your insightful feedback and for remaining true to the naturopathic principles.

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# ECOTHERAPY: EMBODYING THE *VIS MEDICATRIX NATURAE* IN CLINICAL PRACTICE

Dr. Denis Marier, MA, ND

Canadians are blessed with some of the Earth's most beautiful resources, landscapes, and climates right in our backyards. These aspects are free for the enjoyment, utilization, and benefit of all and can be a source of cost-free, effective therapy for patients.

The tenet of *vis medicatrix naturae* – to act in cooperation with the healing power of nature – is the thread that unites all naturopathic doctors, regardless of areas of special interest, treatment modalities or patient demographics. One of the founding fathers of naturopathic medicine, Henry Lindlahr, said about the *vis medicatrix naturae*:

*"This [vital] force, which permeates, heats and animates the entire created universe, is the expression of the divine will, the "logos," the "word" of the great creative intelligence...It is the supreme power and intelligence, acting in and through every atom, molecule, and cell in the human body, which the true healer, the "vis medicatrix naturae" which always endeavours to repair, heal, and to restore the perfect type. All that the physician can do is to remove obstructions and to establish normal conditions within and around the patient, so that the "healer within" can do his [sic] work to the best advantage."*<sup>1</sup>

Ecopsychology is a great avenue for exploring healthy relationships with ourselves and the world we live in. It is psychology in the context of the Earth; a blending of psychology, spirituality, and deep ecology. The natural world provides a beautiful context for healing, where examples of interconnection and healing exist everywhere. Ecopsychology, as a developing branch of transpersonal psychology, considers the concept of spirituality and interconnectedness within the realm of the natural world. It draws upon the observation that as we have evolved industrially, our connection to nature has gradually been lost.

## Psychology of Separation

Sigmund Freud delivered a series of lectures in 1901 titled "The Psychopathology of Ev-

eryday Life" which established psychology as a province of medical science. The modern philosopher Theodore Roszak who gave voice to the term "ecopsychology," observes that it is "peculiarly the psychiatry of modern Western society that has split the 'inner' life from the 'outer' world – as if what was inside of us was not also inside the universe, something real, consequential, and inseparable from our study of the natural world."<sup>2</sup>

Jung said that "as scientific understanding has grown, so our world has become dehumanized. Man [*sic*] feels himself isolated in the cosmos, because he is no longer involved in nature and has lost his emotional 'unconscious identity' with natural phenomena... His contact with nature has gone, and with it has gone the profound emotional energy that this symbolic connection supplied."<sup>3</sup> Ecopsychology stems from a deep understanding of the interconnectedness of all beings and our interconnectedness with our environment. Ecopsychology proposes that people living in the Westernized industrialized world have been traumatized through their continual separation from and the destruction of the natural world to which they belong.<sup>4</sup>

## Ecotherapy in Clinical Practice

Many processes with an ecopsychological foundation can be used by naturopathic doctors without interrupting the typical therapeutic setting. The process of "Ecotherapy" can easily be incorporated into every naturopathic doctor's practice. Consider taking a "Natural History" with each patient. This is an account of their time spent in nature, their connection to the natural world, and their favourite memories of nature. Even with the toughest of case-taking experiences, this natural history opens many patients to sharing memories and peak experiences of the natural world. As a preamble, reiterate the concept of the *vis medicatrix naturae* and the brilliant ability of our body-minds to naturally move towards healing and wellness given the appropriate nutrients,

conditions and time, despite predicted outcomes of certain pathologies. Then ask questions such as:

“What are some of your favourite memories of Nature?”

“How is Nature an ally for you?”

“What are some lessons you’ve learned from the natural world?”

“Have you ever seen puppies/a baby being born?”

“How does Nature view you?”

With very enthusiastic patients, and with awareness of time constraints, an ND might ask the patient to work on an eco-biography as part of their initial homework. This is a journal-style account of some of their experiences in Nature and how those experiences have informed their lives. Ask the patient to comment on their current health concerns and how they might find tools and lessons from their previous experiences of the natural world. This eco-biography then forms a blueprint for bringing Nature as a teacher, resource, and guide into the wellness plan.

### **Taking a Session Outdoors**

Taking a session outdoors is an incredible way to utilize the healing power of nature. Ira Orchin, PhD, author of *Taking Therapy Outdoors: How to Use Nature to Get Tough Cases Unstuck*, states that “almost any client, except the most impaired, can benefit from a session outdoors.”<sup>5</sup> Suggest taking a brief walk with your patient outdoors when challenging issues come into the session. You could also take a case while walking in a nearby natural setting with a patient. Even in the most bustling of metropolises in Canada, we are blessed with many parks and green spaces, often within a brief walking distance of our offices. If an outdoor session near to the office is not possible, then a pre-arranged meeting time at a mutually convenient natural setting is an option. When working with nature as therapy, ask a patient to experience his/her body as it relates to nature. When case taking becomes challenging, ask a patient to tell their pain to a tree or other natural object while you observe silently. This practice works remarkably well with teenagers and other patients who have difficulty expressing what is at the root of their angst.

Naturalizing a part of your clinic grounds is a very convenient way of bringing Nature into your practice; even a balcony in the city can be “spruced” up with potted plants and a little bamboo curtain. When making a home visit ask the patient to show you their backyard or garden. Consider asking also to take a peek inside their refrigerator when the topic of nutrition comes up!

### **Identifying With Nature**

The natural world is a cornucopia of readily available therapies and treatments that can be incorporated into the patient’s treatment plan at no cost. The use of natural objects as “oracles” can be incorporated into an office setting. Keep a small stock of different rocks, sticks, feathers and other natural objects in your office on a shelf or in a corner, or ask a patient to bring in a natural object they gather from outdoors. Questions to use in this practice include:

“Tell me about this object.”

“Which of these objects is like you?”

“How does this object reflect where you are now in your life?”

“How does this object reflect how you are stuck in your life?”

“Which object reflects the direction in which you are growing?”

Hint: butterfly cocoons and snake skins are very powerful in this exercise!

Role-playing with nature is another easily utilized and powerful key to expanding a patient’s behavioural and emotional repertoire. Suggest that a patient role-play by taking on the role of a non-human being. In working with difficult encounters of the patient’s life-journey ask how a deer, bear, mouse or a hawk would have approached this encounter. In some situations, Mouse has the advantage in the most sane way, in others it is Bear.<sup>6</sup> Or consider suggesting other nature elements such as water, fire, wind or rock as emotional backdrops. “Which element was most alive for you as you experienced this situation?”

Encourage “Place Bonding” as homework for patients. This practice encourages a cultivation of intimacy with a specific natural setting – whether it is a naturalized space the patient can frequent at least weekly or monthly, or even their own backyard or garden setting – a place that is consistently relatively undisturbed by human interaction. The patient is encouraged to sit in this space and observe and *be observed* by Nature. Ask the patient to track subtle changes in the landscape and its inhabitants with the passing seasons. Questions such as, “What’s happening in your garden now?” or “How is your natural place different now?” will encourage patients to pay attention to the subtle changes of the natural world and offers a convenient starting point for follow up appointments that are scheduled quarterly or semi-yearly. Patients are encouraged to track their relationship with nature and to work with nature symbols as well.

## **The Four Shields of Life**

The practice of Place Bonding calls to attention the four seasons as a model for the Four Shields of Life: a) birth/death, b) childhood, c) adolescence/young adulthood, and d) adulthood/eldership. The central idea of the Four Shields theory is that the four seasons of nature and their corresponding four directions are reflected in four different personas or “shields” of human nature. The theory offers a language and model as a source of therapeutic exercises and homework for the patient. It is an ancient paradigm, a model for the cyclical nature of life: Spring/East represents birth and the place of spirit, Summer/South represents childhood and the physical aspect, Fall/West represents adolescence and early adulthood with its mirroring in emotion, while Winter/North represents late adulthood and eldership with its emphasis on lessons of a life well-lived. The thread linking all the applications is the premise that Nature and human nature are one and the same, that human nature is Nature, that natural processes are mirrored in our own human psyches. With each season, or shield, come the various gifts, talents and shadow aspects of those areas of life. This model takes the form of the indigenous medicine wheel, representing the cyclical nature of life as opposed to the Western concept of life as linear and chronological. Working with this model, a patient can map out a medicine wheel of his or her life, looking for the lessons, talents, and obstacles within each season. As an introspective tool, it can help to map a person’s life story, enabling them to see where there is an imbalance in the shields, for example: where Summer or play needs to balance Winter and stillness or where Spring and rebirth can be balanced with Fall and introspection.<sup>7</sup>

## **Take a Walk on the Wild Side**

A “Medicine/Nature Walk” is a powerful experience that can be assigned as homework. This mini-fast takes the form of a three- to six-hour solo experience in nature without food, external distractions such as iPods or mobile phones or interaction with other human beings. If working with a particularly challenging life experience or existential dilemma, ask the patient to formulate it in the form of a question that he or she can take to Nature. Ritual is an important aspect of this exercise as it formalizes the exercise with personalized meaning.

Ask the patient to create a simple intention around the question, such as “May I find clues, answers and tools from Nature to help me find understanding/healing around this issue.” As the patient begins the medicine walk, ask them to create a threshold to cross

and signal to themselves and Nature his or her entry into a sacred space. The threshold could be a stick placed on the ground, a natural arch or bend of a tree limb to walk under, a scattering of tobacco or simply a pause to ask a question aloud before commencing the walk. The patient then focuses on their question, asking it repeatedly in silence or out loud as they walk or sit in Nature and observe messages, signs or natural activity while they reflect upon their question.

An important aspect of this exercise is not only to notice what the natural world has to show them, but also to reflect upon how they are being *observed by* Nature. It is a powerful exercise in helping to shift perspectives so that fresh and novel insights come to mind and heart. As a contemplative exercise it is a potent catalyst for deepening understanding and insight into a person’s challenging life experiences in need of healing. This is also very effectively done in group settings with Council Practice at the beginning and end of the workshop where participants can share their intentions, questions, and experiences of their Nature Walk. A group setting can facilitate powerful healing experiences especially when focused around central traumatic themes such as sexual/physical abuse or a life-limiting diagnosis, for example cancer or HIV. In group settings it is very useful to have two skilled facilitators to represent polarities such as masculine and feminine.

## **Wilderness Rites of Passage**

More intensive is the practice of Wilderness Rites of Passage, which involve a facilitated two- to four-day solo wilderness fast. It should only be attempted under skilled supervision with ample preparation time, education, survival instruction and experienced therapeutic direction. Based on the indigenous practice of the Vision Quest, which marks transition from one life-stage to the next, Wilderness Rites of Passage are a practice of recognizing old identities or patterns of behaviour and allowing them to die with dignity. New ways of being can develop and expand from the experience. The practice involves the careful consideration of intention for the Vision Quest, severance practices to disconnect from limiting paradigms, creating a threshold to mark the entrance into sacred space, enduring the fast with limited protection from the elements, and following rebirthing and reintegration practices to cultivate a deepened awareness and sense of self.<sup>8</sup> This practice can help with challenging transitions in life such as the ending of a relationship or transitioning from one career to another, healing through layers of trauma, or coming to terms with a life-limiting diagnosis such as cancer.<sup>9</sup>

## Environmental Responsibility

As stewards for natural healing practices that consider the health of the environment equally important as the health of the individual, NDs can also facilitate environmental restoration and sustainability practices within our own communities as therapeutic exercises. Encouraging patients to get involved with a local community eco-project such as a community garden or volunteering for an environmental clean-up project are practices that enable healing on both an individual and the global scale. Even encouraging patients to compost to enrich the soil facilitates a sense of shared healing, environmental responsibility and interconnection with their elemental environment.

The process of ecotherapy can take many forms and is easily incorporated into any therapeutic setting. It is, however, necessary to have a skillful eye to issues of transference, counter-transference, the therapeutic alliance and professional ethics.<sup>10</sup> Naturopathic doctors engaging in ecotherapy practices need to be on guard against reading personal agendas into patients' self-disclosures and practices. Both parties must understand that the shift towards the inclusion of ecopsychological content is a shared responsibility of both the patient and the ND. The inclusion of these practices will keep us aligned with the philosophies that demarcate our healing profession from that of a reductionistic Western paradigm which separates mind and body, human nature and Nature. These practices will also help to bridge the practice of medicine itself towards an evidence-based, integrated and truly holistic art and science, which seeks to heal the entire person on a multiplicity of levels incorporating the best of science, holistic theory, skill, compassion, and an enduring respect for the *vis medicatrix naturae*.

## About the Author

Denis Marier is a graduate of the Class of 2000 and taught the "Art and Practice of Naturopathic Medicine" at CCNM from 2003-2007. He graduated from Naropa University in 2008 with an MA in Transpersonal Psychology (Ecopsychology Concentration). Currently, he is founder and clinical director of the Canadian Clinic for Integrative Medicine in Windsor, ON at the Hospice of Windsor and Essex County. He facilitates ecopsychology-based workshops for cancer patients as well as a pilot project funded by the Green Shield of Canada Foundation for palliative patients interested in CAM therapies. Recently he was honoured with a nomination for the Dr. Rogers Prize for Excellence in CAM therapies in Canada.

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# HOW NATURE'S RHYTHMS AFFECT OUR STATE OF HEALTH

Dr. Iva Lloyd, RPP, ND

*"Health is a condition that enables individual life and living systems to maximize potential... [L]ife in living systems is busy self-organizing toward increasing complexity and diversity. It is this directionality that provides humans with a normative principle that is of great relevance to the way that human economy can connect with and live within nature's economy."*

- Glenn A. Albrecht, 2001

The idea that humans are "in charge" and that nature is a servant to human desires and industrial living is an irrational belief that allows individuals to ignore, disobey and attempt to manipulate or overcome the natural rhythms that exist. Over the years there has been increasing research that shows that many symptoms and diseases are caused by or aggravated by individuals attempting to live a life that is not aligned to the natural rhythms of life. "The basic scientific consensus about rhythms is that they are quite complex, not understood, and that they seem to affect everything imaginable."<sup>1</sup>

The scientific study of biological clocks, their associated rhythms and how living organisms adapt to these rhythms is known as chronobiology. The central nervous system, cardio-vascular and respiratory rhythms, as well as eating, sleeping and activity functions vary widely within the same individual and are known to respond to the changes in the main biological rhythms which include:

- Circadian which relates to the revolution of the earth and follows a 24 hour cycle;
- Circatidal which relates to the ebb and rise of tides and follows a 12.4 hour cycle;
- Circalunar which relates to the phases of the moon and follows a 29.5 day cycle;
- Circannual which relates to the seasons of the year and follows a 365.25 day cycle;
- Ultradian rhythms are cycles that are shorter than 24 hours such as feeding patterns, the 90-minute REM cycle, the 4-hour nasal cycle, or the 3-hour cycle of growth

hormone production. These rhythms are a reflection of the "beating" or pulsing of individual cells.

Collectively these rhythms regulate much of the temporal biology of life on Earth. The increasing isolation of humans from these geophysical cycles, as a result of improved living conditions, industrial living, easy access to food and 24/7 working practices, have led many to believe that humans function independently of them.<sup>2</sup> The rest of this article explores a few of these rhythms in more detail.

## Circadian

The circadian rhythm is endogenous and cycles roughly every 24 hours in the biochemical, physiological and behavioural processes of all living entities. Circadian rhythms are generated and entrained by external cues, called zeitgebers, the primary one being daylight. Other environmental cues include noise, food, and social interaction.<sup>3</sup> The genetic basis for the mammalian circadian rhythm was discovered in 1994<sup>4</sup> and is known to control sleep/wake, blood pressure, reaction time, levels of alertness, digestive secretions as well as thirst and appetite. There are also clear patterns of core body temperature, brain wave activity, endocrine rhythms, immunity, glucose regulation, cell regeneration and other biological activities that are affected.<sup>5</sup> The circadian rhythm is often referred to as the pacemaker due to its large control on physiological and behavior functions.<sup>3</sup>

Although there are peripheral oscillators found in the esophagus, lung, liver, pancreas, spleen, thymus and skin<sup>6</sup>, the primary circadian "clock" is a cluster of approximately ten thousand nerve cells located in the suprachiasmatic nucleus (SCN) of the hypothalamus. The SCN receives information about illumination through the photoresponsive retinal ganglion cells. These cells contain the photo pigment melatonin which follows the retinohypothalamic tract to the SCN. Light is able to either suppress or synchronize melatonin production according

to the light schedule.<sup>5</sup> In addition to light intensity, wavelength (or colour) of light is a factor in the entrainment of the body clock. Melanopsin is most efficiently excited by blue light, 420-440 nm.<sup>7</sup> The SCN takes the information on the lengths of the day and night from the retinal ganglion cells, interprets it, and passes it on to the pineal gland. In response the pineal secretes melatonin which normally peaks around 9 p.m. and is absent from the system or undetectably low during daytime. The level of melatonin secretion can be measured in the plasma or saliva or by measuring urine sulfatoxymelatonin, its main hepatic metabolite.<sup>8,5</sup> Melatonin not only conveys information concerning the day cycle of light and darkness to body physiology, it also responds to seasonal rhythms. It has also been proposed that melatonin has an antipyretic property<sup>9</sup> and that decreased melatonin levels correlate with an increased risk of cancer.<sup>10</sup>

There are many factors known to disrupt the circadian clock including caffeine intake, travel, shift-work, irregular sleeping patterns and lack of exposure to sunlight.<sup>3,1</sup> Insomnia, hypersomnia, headache, intestinal symptoms, jet lag and shift-work disorders are common circadian-disrupted complaints.<sup>11</sup> Patients affected by chronic immune/inflammatory conditions, for example, rheumatoid arthritis, exhibit circadian and circannual rhythms<sup>12</sup> as do cluster headache attacks<sup>13</sup> and some cardiovascular diseases.<sup>14</sup> In order to prevent disruptions in the circadian sleep cycle it is important to maintain a regular sleep schedule, which includes retiring and waking approximately the same time each day, and sleeping a consistent number of hours each night.

As a naturopathic doctor talks to their patient and inquires about their habits, lifestyle regimen, and their symptoms it will often reveal a pattern that is out-of-sync with a normal circadian rhythm. Prescribing Vitamin D or melatonin is often helpful in addressing circadian disruptions, but educating a patient on the importance of establishing a regimen that is more in line with the circadian rhythm and avoiding disrupting factors is more in line with the naturopathic philosophy of 'treat the cause'.

### **Circalunar**

Circalunar hormone cycles have been observed not only in women, but also in men.<sup>15,16</sup> The menstrual cycle being the one most commonly associated with the lunar cycle. Other physiological functions that have been associated with lunar rhythms include sleep duration with women being more affected

than men<sup>17, 18</sup>, the occurrence of seizures<sup>19,20</sup> and the admission to the acute stroke unit with a diagnosis of medically unexplained stroke symptoms.<sup>21</sup>

Historically and from an astrological point of view the new moon is associated with introducing new patterns and the full moon is associated with getting rid of old patterns. It is common for naturopathic practitioners to utilize the rhythm of the lunar cycle when treating conditions such as amenorrhea or the detoxification of heavy metals. Having a patient track their symptoms and then mapping them to the lunar cycle will reveal whether or not there is a pattern. Often awareness in itself is comforting to patients and allows them to modify their eating, sleeping or behavioural patterns during times of aggravation.

### **Circannual**

*"Live in each season as it passes; breathe the air, drink the drink, taste the fruit, and resign yourself to the influences of each. Let them be your only diet, drink, and botanical medicine."*

- Henry David Thoreau - 1906

Seasonality is a well-known phenomenon in life and health sciences. Since Hippocrates, observers worldwide have noted and documented marked fluctuations in the incidence of many diseases. There are also more deaths in the winter than in the summer.<sup>22</sup> Temperature, humidity, and precipitation – the defining factors of the seasons – are important determinants of the survival of pathogens resulting in many viral and bacterial infections showing seasonal variability<sup>22,23</sup> with the fall and winter months being the most common period for upper respiratory infections, especially in infants.<sup>24</sup>

It has been found that short photoperiods lower the set point for body temperature regulation in humans<sup>25</sup> and hence body temperature naturally changes and adjusts with the seasons; for example, exposure to a decrease in sunlight during fall was accompanied by an improvement of cold tolerance and exposure to an increase in sunlight in the spring and summer improves heat tolerance.<sup>26</sup> Even the secretion of melatonin lasts longer during the longer winter nights.<sup>27</sup>

Seasonal variation in heart failure is well known for having winter-spring predominance. Males and very old patients were the subgroups with the highest seasonal variation.<sup>28</sup> An increase in myocardial infarctions and strokes also is known to follow a circalunar and circannual rhythm.<sup>21,29</sup>

Circadian and seasonal variability affects basal

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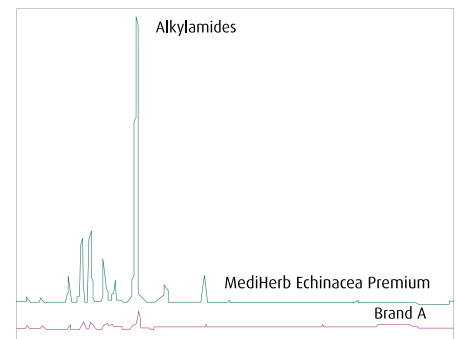
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cortisol levels and mood,<sup>30</sup> with seasonal affective disorder (SAD) being the most common mood disorder known to be affected by the total amount of light available in the environment.<sup>3,31</sup> Manic behavior, depression and other psychiatric disorders are also known to have a seasonal pattern.

In many situations, our biology and our society appear to be in serious opposition and the damaging consequences to our health under these circumstances are increasingly recognized.<sup>2</sup> As naturopathic doctors it is valuable to educate patients on the value of changing sleeping patterns, food choices and activity levels by season. For example, having patients choose warmer, cooked foods (such as soups and stews) in the winter versus cold, raw foods (like salads) can decrease those symptoms that are aggravated in the winter. Determining the degree to which nature's rhythms are a factor with patients is a valuable part of the naturopathic assessment. Nature offers many guides and insights on how to achieve and maintain health. As society moves back to recognizing nature and environment as an integral aspect of life and living, the wisdom of nature will become clearer.

## About the Author

Dr. Iva Lloyd is a naturopathic doctor, registered polarity practitioner and reiki master. In 2002 she founded Naturopathic Foundations, an integrated clinic with naturopathic doctors and other alternative health care providers that blend the naturopathic and energetic aspects of health care.

Dr. Lloyd teaches part-time at the Canadian College of Naturopathic Medicine. She is the author of four books: *Building a Successful Naturopathic Practice*, *Messages from the Body, a guide to the Energetics of health*, *The Energetics of Health, a naturopathic assessment and History of Naturopathic Medicine, A Canadian perspective*. Dr. Lloyd writes for various journals and magazines and gives seminars on naturopathic assessment, the integration of the mind and body, and the building blocks to health. She is current editor of the *Vital Link* and is Past-Chair of the board of the Canadian Association of Naturopathic Doctors.

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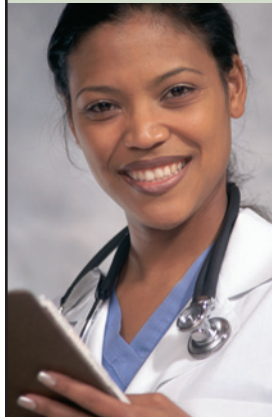
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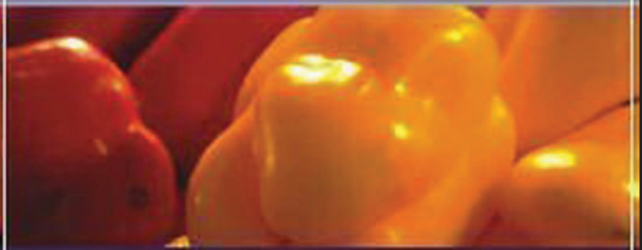
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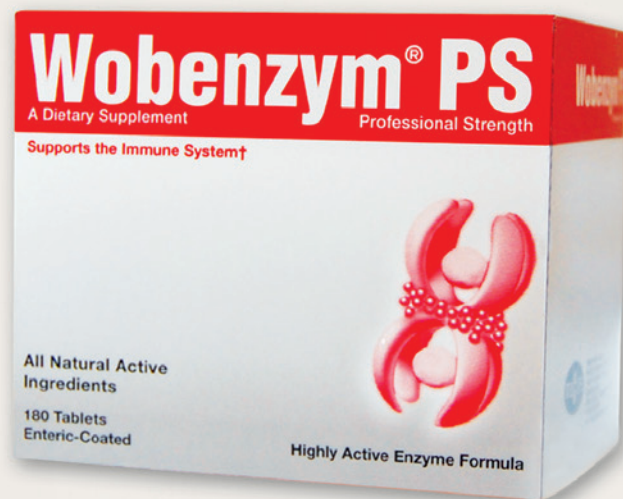
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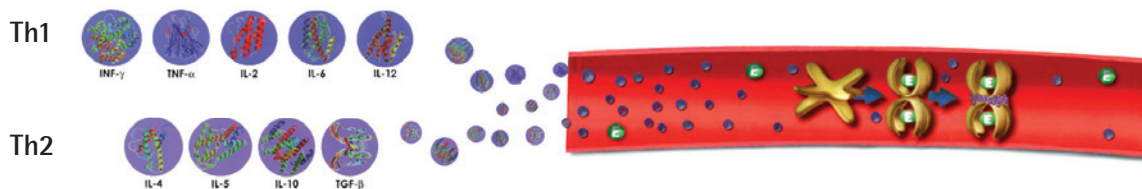
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### "CASE REPORTS USING GERMAN NEW MEDICINE" ARTICLE PUBLISHED IN VITAL LINK VOLUME 16, ISSUE 2, SUMMER 2009

In the final case where a long term condition of hypertension was attributed to the fluid-retaining influence of the "kidney tubule syndrome", this was a mistaken assumption on the author's part.

### ANNUAL MEMBERSHIP DIRECTORY 2009

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