

Vital Link

Health Care for Seniors



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Dietary Considerations for Seniors and the Aging Population

Dr. Penny Kendall-Reed, ND

Increasing Lung Capacity for Seniors through Exercise

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Medical Interactions: The Unique Role of Naturopathic Doctors

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Assessing Driving Competence

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VitalLink

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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 licensed naturopathic doctors to corporations, insurance companies and the Canadian government.

Circulation

The Vital Link is published three times per year and is distributed to more than 1050 licensed Canadian NDs; over 600 students of CNME accredited naturopathic programs in Canada and the U.S., and the CAND supplier members. The Vital Link is also distributed in the CAND's media kit.

Advertising

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

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Upcoming Themes:

Fall 2007 – Respiratory System (Released Oct 30)

Winter/Spring 2008 – Allergies

Summer 2008 – Health and the Environment

Fall 2008 – Autoimmune Diseases

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 Previously unpublished material is preferred.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.

Dr. Iva Lloyd, BScH, RPP, RHN, ND, CAND Chair

Legislation and Regulation

Regulation of our profession has always been a hot topic and a primary focus for the provinces. In the last six months the activity in this area has increased across Canada. The four provinces currently regulated are all in the process of working with their provincial governments on some level to change or redefine their regulation. Alberta has been working continuously for the past two years, has jumped through all the hoops and has been told that their regulation will happen very shortly. Many other provinces are starting the regulation process with the government. From the looks of things, the regulatory changes proposed in all provinces will be positive for the provinces and the profession at large.

Media Training

In May the CAND provided media training for 15 naturopathic doctors from across Canada. The training will ensure that the messages conveyed to the media are consistent, professional and effective. Naturopathic doctors from every province have been chosen, as well as select NDs who have additional training and/or a special interest in specific topics. If you are interested in finding out more about the media training or would like to be considered for future media training events please contact Stuart Watson at the CAND office.

Health Fusion

Health Fusion 2007 promises to be a great success. As I write this update we have two months to go and we already have more attendees enrolled than we did for the Health Fusion 2005. We have a great line up of speakers, some wonderful new exhibitors and great social activities planned. A display of the history of naturopathic medicine in Canada will also be on view at the conference. The Health Fusion conferences are a great opportunity to network and socialize with your peers and other professionals.

CNCC

The Canadian Naturopathic Coordinating Council (CNCC) is a new council, formed in March of 2007. The CNCC has representatives from every province, school and regulatory

board in Canada. The goals for the Council include sharing information, decreasing duplication of work and working together to promote naturopathic medicine in Canada. The first conference call took place in May of 2007 with a daylong meeting planned on Thursday, June 21 in Halifax, prior to Health Fusion 2007. A number of elders from across Canada have been invited to this initial meeting. The CNCC will continue the work started at previous Summit meetings and collaborate on a more regular basis.

Position Papers

The Drug-Herb/Nutrient position paper was finalized in May. The completed position paper will be on the CAND website in June. The CAND intends to complete one new position paper each quarter. From this point on, all position papers will be approved by the CNCC prior to being announced to ensure national acceptance.

Naturopathic Foundations Project

A retreat for the Naturopathic Foundations Project was held on April 1 – 5 in Portland, OR. The goal of this project is to create a textbook of about 900 pages that articulates the history, principles and practice of our profession in detail. There were 40 representatives from four countries. Stay tuned for future updates.

Other Information

There continues to be increased awareness of naturopathic medicine. We are currently at over 35,000 unique hits to the CAND website on a monthly basis. The number of media requests and appearances by NDs in the media continues to increase. As the profession grows there is a need to convey a consistent professional image. The CAND is developing promotional materials and office materials to assist naturopathic doctors in this area. Regular additions will soon be made to the Business Forms section of the members-only site, which we trust you will find helpful.

We would love to hear your ideas and comments. Please contact either myself or Shawn O'Reilly at i.lloyd@naturopathifoundations.ca or soreilly@cand.ca



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Government Relations Report

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

It seems each and every department at Health Canada has chosen 2007 as "the year of review". The Health Products and Food Branch has released "Blueprint for Renewal 11: Modernizing Canada's regulatory System for Health Products and Food." This latest document was created to reflect feedback received during the consultations on Blueprint 1. It is also intended to offer a more comprehensive articulation of the Branch's action plan on moving forward to design a regulatory system that will further protect the health and safety of Canadians. Health Canada is committed to bringing Canada's regulatory system more in line with international standards. The CAND Government Relations Committee is reviewing this latest document and its implications for the profession and will report to members.

In February, the CAND participated in a two-day update session conducted by the Natural Health Products Directorate (NHPD). The session was an opportunity for the NHPD to unveil changes to the licensing process, new initiatives, dispute avoidance, as well as updated evidence requirements for traditional NHPs, non-traditional NHPs and homeopathic remedies. On the whole the news was positive. The new initiatives include: a new submission administration unit to increase administrative support – they can now review 35 product applications a day – a huge improvement over four, a new specialized assessments unit to increase capacity, a centralized client services and a systems reporting unit. Of particular importance to suppliers is a new dispute avoidance and resolution policy with three levels including a final panel review if applicable.

In the next few months we will see more monographs, not just for single ingredient products but multiple ingredient products as well. A new centralized ingredient database has been completed and is now being test marketed – all the documents and the log in to test out the database can be found on the NHPD website at www.hc-sc.gc.ca/dhp-mps/prodnatur/index_e.html.

A number of revisions have been made to the Homeopathic Medicines guidance document. The Encyclopaedia of Homeopathic Pharmacopoeia has been added to the accepted homeopathic pharmacopoeia list; a minimum potency of 12CH has been set

for homeopathic medicines which were previously not eligible for a license i.e. substances previously found on the restricted/prohibited schedules; the ceiling for dilution has been raised from 8CH to 30CH for multi-ingredient homeopathic medicines, the minimum will be determined as the lowest homeopathic potency appearing in an accepted pharmacopoeia; and, one DIN-HM will apply to each dosage form of a homeopathic medicine. Keep in mind that NHPs are to be safe for Over The Counter (OTC) use by consumers. The CAND and others continue to lobby for access to a full complement of products and potencies. There has been some movement on this front as discussions are underway at the branch level with respect to access to or de-listing of restricted natural substances.

Recently the Health Products and Food Branch initiated a proposed Cost Recovery Framework, which included Natural Health Products. As a result of concerns raised by the CAND and other stakeholders at a meeting on May 1st, an extension of time has been granted in order to have a more thorough discussion of the implications of the Framework with industry and provide a more realistic plan of action.

The review of the regulations themselves is expected to take three to five years. The initial document "Charting A Course: Refining Canada's Approach to Regulating Natural Health Products" is intended for initial feedback to be followed by individual and group consultation. The CAND Government Relations Committee is reviewing the document and preparing a response, which will be completed prior to the deadline. The CAND submission will be posted on the CAND website for members.

Last but certainly not least, the CAND has been asked to review and comment on the "WHO Guidelines on Quality for Safety of Homeopathic Medicines. We still await the release of the Guidelines on the *minimum education requirements to ensure safety in the prescribing, dispensing and distribution of botanical medicines*, but are very pleased to have been asked by the WHO to participate in the preparation of this latest guideline.

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Monday June 25th 8:30 am - 4:00 pm

Location (both seminars): Westin Nova Scotian - Board Room

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Marketing and Communications Report

Alex McKenna, CAND Marketing Director

Media and Events

Naturopathic Medicine Week 2007

Naturopathic doctors from coast to coast held a variety of public events at their clinics, community centers, local libraries and bookstores to celebrate this year's Naturopathic Medicine Week, April 28 – May 6. The NMW Committee, chaired by Jennifer Salib Huber, ND and comprised of representatives from nearly every province as well as the CCNM, developed promotional strategy around this year's theme, *The Building Blocks of Health*.

We'd like to learn about your NMW experiences so that we might improve our planning for future events. Please contact the CAND office at info@cand.ca. A full report on the week's high points from the NMW chair will follow in the Fall Vital Link as we gear up for NMW 2008.

Health Fusion 2007 – June 22-24, Halifax, NS

Have you registered for Health Fusion? Attend world-class cutting-edge sessions. Learn about the history of naturopathic medicine in Canada, and how each province is moving toward the future. Enter the CCNM-CAND Case Reporting Competition to expand your clinical knowledge and win great prizes! Extend your stay and experience our stimulating pre and post-conference events while re-connecting with your peers. Learn about leading edge products and technology from the industry-savvy suppliers at our 52-booth trade show. For more information about Health Fusion and to register today visit www.cand.ca.

CAND website, publications, promo items

CAND web traffic continues to climb

The number of "unique" (individual) visits to www.cand.ca spiked in January and continues to climb. Traffic to the CAND website is currently averaging 35,000 unique visits per month.

As a result of the additional promotion around Naturopathic Medicine Week, in March the CAND website experienced its highest number of unique visits ever: 39,000!

Members' feedback about The Vital Link

Over the last year there have been a number of changes made to the Vital Link Journal. Each issue now focuses on a specific theme and we have improved the Journal's layout for an enhanced reading experience. Members have provided us with

excellent feedback regarding our Winter issue, *The Energetics of Health and Disease*, the theme of which was chosen based on suggestions we received from our Health Fusion 2005 delegates. Please drop us a line and let us know what topics you would like to see covered in future issues of the Vital Link. It's your journal, your means of communicating with your peers all across the nation. Help us breathe life into it. Keep us in the loop so that we can keep *you* in the loop. Let us know your concerns, both local and national. We value your suggestions.

Historic articles coming soon to the Vital Link

Beginning with the Fall '07 Vital Link we will reprint selections from archived CNA publications. Stay tuned to find out what the hot topics in naturopathic health care were in, for example, the 1960s. Gain insight into how the profession has changed...or stayed the same.

CAND Prescription Pads

Enclosed in this issue is a free sample of CAND prescription pads. These pads come in two sizes and are available with a customizable header for your logo and contact information. Let your patients and the insurance companies know you're a CAND member! To order these and other CAND-branded promotional items log into the members only section of the CAND website.

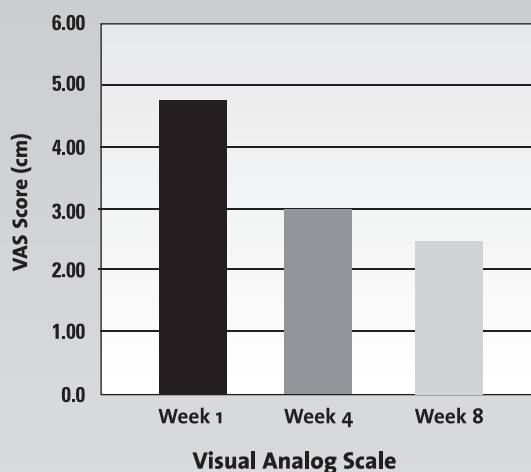
Summertime at the CAND office

Over the summer the CAND will be introducing new website features for members, including new business forms and position papers. The 2007/08 Membership Directory will be published at the end of August, so be sure to send the CAND and your provincial association an update if your contact info has changed recently. The deadline for contact info updates for inclusion in our Annual Membership Directory is July 31.

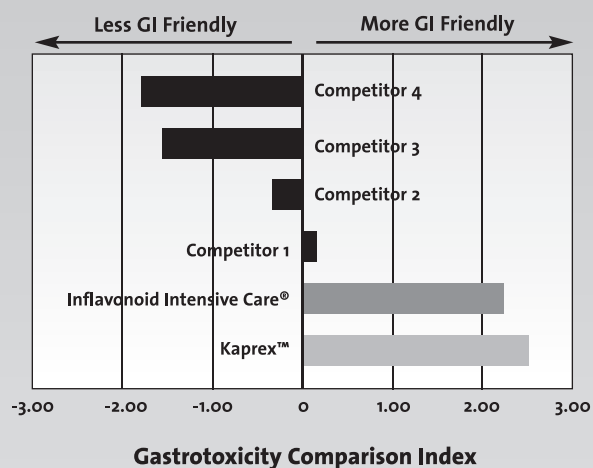
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Business Tips: Marketing Solutions for Naturopathic Physicians How To Heal And Still Have A Life!

Dr. Ian Johnson, Ph.D.

Special to the Vital Link

Building A Thriving Naturopathic Practice

Do you remember what inspired you to become a naturopathic doctor? Were you filled with enthusiasm as you envisioned the practice of your dreams? What is your experience now, as you deal with the responsibilities of your practice? As Dr. Iva Lloyd says in *Building a Successful Naturopathic Practice*, "Naturopathic medicine is a wonderful career with many personal rewards and benefits. Although building a practice may not be easy, it need not be difficult. However, it does take time."

The way begins when you realize that your business is like a body, and that you can apply your healing knowledge to your practice.

Naturopathic Philosophy – Your Business Is Like A Body

Naturopathic physicians who learn scientific, clinical and naturopathic skills are quite capable of learning business literacy and competence. All the skills, passion and wisdom they bring to treating patients can also be applied to managing a practice.

Naturopathic Principles

1. The Healing Power of Nature

Motivation – Having The Right Attitude

Naturopathic medicine is based on the idea that the healing force is intelligent, and the body can heal on its own.

There is one significant difference between the human body and the business body: the human body is natural, whereas the business body is artificial. Business healing cannot be left to its own devices. Entrepreneurial skills are needed to run a successful practice, and should be viewed as a satisfying and worthwhile aspect of professional life.

2. Treat the Whole Person – Manage the Whole Business

As a Naturopathic physician you learned to "Treat the Whole Person." You should also know how to "Manage The Whole Business." This means wearing all *Five Business Hats*.

The Five Business Hats

Role	Responsibility
<input type="checkbox"/> Owner	<input type="checkbox"/> Entrepreneurial business leader
<input type="checkbox"/> Manager	<input type="checkbox"/> Administering the business
<input type="checkbox"/> Practitioner	<input type="checkbox"/> Treating patients, doctoring
<input type="checkbox"/> Marketer	<input type="checkbox"/> Getting patients, prospecting, selling
<input type="checkbox"/> Accountant	<input type="checkbox"/> Keeping score, managing finances

Of the five functions, which do you enjoy, and which do you dislike and avoid? How can you build on your strengths and compensate for the areas you find challenging?

3. Treat The Cause – Manage The Process

How can you identify and treat the cause of business problems? By organizing and managing the practice, not around tasks, but around systems, structures and processes. In acupuncture, the body is viewed as a set of connected meridians. A practice can be viewed similarly as a set of interacting processes, all essential to good business health.

4. Doctor As Teacher – Doctor As Marketer

Your practice is your greatest teacher. Just as you encourage your patients to learn how to be healthy, so your practice is challenging you to learn how to be wealthy!

Successful practices happen when naturopathic physicians teach people how to be responsible for wellness. This is the role of "Doctor as Marketer." Great practices happen when NDs combine great doctoring skills with great marketing skills.

5. First, Do No Harm – Especially to Your Own Practice!

NDs are not supposed to harm their patients. But how often do you see patients harming themselves with poor habits of diet and exercise?

When it comes to business issues, how often can NDs be their own enemy, harming themselves with poor business habits?

As business owner, understand how you are responsible for the condition of your practice, and discover what to do about it.

6. Prevention Is The Best Cure – Organizing for Success

Mistakes made during the first few years of practice can cost \$50,000. How can these errors be anticipated, minimized and prevented? By good business planning. The success of your practice tomorrow depends on how well you plan today. Discover your niche, attract patients and make money while staying true to your values by planning how to develop a clear purpose for your practice, do focused market research, and minimize expensive start-up errors.

Naturopathic Practice

Learning to run a practice is like learning how to drive a car. Some of the skills cannot be taught in class, and are learned 'on the road.' The skills required to run a practice develop over time 'on the job.'

If Not Me, Who? And If Not Now, When?

If you are not responsible for the success of your business, who is? And if now is not the time to start transforming your practice, when are you going to begin?

Summary

Use the philosophy, principles and practices of naturopathic medicine to guide the development of your practice management skills.

About the Author

"Your Business Health is My Business Mission"

Dr. Ian Johnson teaches Practice Management at the Boucher Institute of Naturopathic Medicine and the Canadian School of Natural Nutrition. He is an author, speaker, business coach and marketing consultant. His clients include naturopathic physicians, nutritional consultants and other professionals. His textbook, *Marketing Solutions: How To Grow Your Professional Practice*, is used by hundreds of students across Canada. You can contact Ian by email, ian@we-q.net or call 604.889.2566.

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Managing Your Insurance Risks

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

Ages and Stages... Your insurance needs change as your practice matures. The CAND Insurance Program was designed with the flexibility to meet these changing needs.

Professional (Malpractice) Liability Insurance/ Clinic Errors & Omissions (E&O)

If you found this year's insurance renewal confusing in some areas, you weren't alone. Many members were confused as to what exactly an "additional named insured" was. It's not your mother, your bank or your landlord. The new coverage for an "additional named insured" was provided so that NDs, who don't employ other professionals, but do have incorporated companies, could insure them.

When a plaintiff commences a lawsuit, a claim will normally be made against both the individual practitioner and the clinic. If the clinic is incorporated or in partnership with the name added to the policy then it would be defended and protected against the plaintiff action as well. By utilizing the "additional named insured" it provides a less expensive alternative to purchasing two policies required under the business clinic E&O policy with more than one professional operating within the clinic. Don't forget, however, that non-professional employees operating under the ND's direction would be insured under the ND's individual malpractice policy if they were named in a lawsuit.

Clinics/offices that employ other health care professionals can and should purchase professional liability insurance for their operations through the Clinic Errors and Omissions (E&O) policy.

What is Professional Liability (Malpractice) Insurance?

The purpose of this insurance is to protect the practitioner against a claim made by one of their patients due to the professional services provided within their scope of practice. NDs are required to carry a minimum of \$2,000,000 of coverage. The policy insures defense costs (legal fees etc.) as well as legal damages that may be awarded in favour of the patient (plaintiff).

When you purchase professional liability coverage (malpractice insurance), you are acquiring coverage not only for indemnity in case you are liable, but more importantly you are purchasing defense coverage. In many cases, the costs to investigate and defend a claim will exceed the ultimate payment required.

Why should you buy CGL (Commercial General Liability Insurance)?

It is important to understand that professionals might find themselves involved in claims that are not necessarily incidental to the services they provide. This policy insures you against a patient sustaining a personal injury including bodily injury, and property damage, which are beyond the protection of your Professional Liability (Malpractice) Insurance.

The best example of this type of claim is if someone were to slip and fall while on your premises. If you operate from your home and / or an office away from home you should purchase this insurance against such claims. Your homeowner's insurance policy does not normally extend to insure for business at your personal residence.

There are now two insurance packages offered through the CAND association plan.

1. **Sole Practitioners Commercial General Liability & Property Business Package**
2. **Office/Clinic Commercial General Liability & Property Business Package.**



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The Sole Practitioner Business Package

Has been designed for practitioners who operate as independent practitioners and may operate out of different locations, including their home office. The Property, Crime and Commercial General Liability coverage has been designed so that it is completely portable. It covers wherever you are working. The property floater covers your equipment and dispensary at any place that you are at work as well as while it is in transit.

Standard coverage includes:

- \$10,000 on Contents of every description
- \$2,500 on Portable Computers
- \$5,000 Extra Expense
- \$5,000 Valuable Papers
- \$2,000 Crime Coverage
- \$2,000,000 Commercial General Liability (slip and fall claims)

The Office/Clinic Business Package

Has been designed to insure practitioners who operate their own office or business clinic, and require more extensive insurance coverage.

In addition to being able to provide you with Commercial General Liability Insurance, a tailor made Property Insurance program is available, which will insure the business property associated with your clinic.

Standard coverage includes:

- \$50,000 Contents of Every Description
- \$25,000 Electronic Data Processing Equipment, including Media
- \$2,500 Laptops used on the premises and used away from the premises
- \$50,000 Loss of Income (Business Interruption)
- \$100,000 Accounts Receivable
- \$25,000 Valuable Papers
- \$25,000 Property in Transit
- \$25,000 Property at Trade Shows
- \$25,000 Loss of Money and Securities
- \$2,000,000 Commercial General Liability (slip & fall claims)

Your insurance needs require flexibility and the limits of insurance for all coverage can be tailored to suit your needs. We can expand your property insurance package to include:

- Buildings when occupied by the Medical Facility
- Umbrella Liability

For more information, contact our naturopathic-insurance expert, Hal Huff Sr. at hhuff@partnersindemnity.com.

Whatever the "Age or Stage" of your practice, when it comes to insurance... we've got you covered!



Canadian Association of Naturopathic Doctors Professional Liability Insurance Program



**OUR PROGRAMS ARE DESIGNED
TO MEET THE SPECIFIC NEEDS OF CAND MEMBERS.**

We offer:

- Professional Liability Insurance (*Malpractice*)
- Commercial General Liability
- Small Business Package – for independent NDs
- Clinic Professional Liability Insurance (*Malpractice*)
- Clinic/Office Business Package



Whether you are a sole practitioner operating out of multiple locations or own and operate your own Clinic, our plans provide the professional insurance coverage you need.



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Naturopathic Association and Academic Updates

Canada's Food Guide Revised

A number of positive changes have been made to the 1992 Canada's Food Guide. Some of the updates include:

- A greater emphasis on fruits and vegetables
- An increased focus on 'real' foods (not packaged)
- A switch to more nutrient dense foods (fewer pictures of 'white' and 'processed' foods)
- An emphasis on 'good' fats
- Recommendations on foods to avoid
- Guidance on the quality of food choices.



The CAND was involved in the consultations on Canada's Food Guide and are pleased to see that many of our recommendations have been included. We recommend that you take a look at the new Guide at www.healthcanada.gc.ca/foodguide.

Canadian Naturopathic Foundation (CNF)

We have been working diligently these past few months trying to spread the work amongst the directors to bring the CNF back to life. We have personally visited many CNPBC members as well as attended the NWNP convention in April. We also encourage support of the CNF to the naturopathic profession and others via telephone call, fax, association newsletters and bulletins.

Starting in 2007, the CNF's administrative duties will be conducted in large part by the CAND as the foundation goes Canada-wide with its membership drive.

We are happy to report that the response has been favourable as 85 NDs have enrolled and or donated to the CNF. Special mention must be made of the following: Drs. Brenda Gill ND and Robert Fleming ND \$2000 each, Dr. Chris Turner \$1500, Drs. Craig Wagstaff ND, Peiter Taams ND, Chris Kind ND, Gerald Farnsworth ND, Mr. Tim Farnsworth, Richard Cleveland and Cindy Franklin \$1000 each. Other people donating \$500 plus are Drs. Alison Van de Kirkhove ND, Stephen Jones ND, Walter Lemmo ND and Juanita Corbett, Paul Sicotte and NWNP Convention. Remember, too that membership and donations are tax deductible. To date we have received in excess of \$26,000.

This is the 20th year CNF has been supporting the profession. We now need the support of every ND.

Our goal to reach 100 members by December 31, 2006 was not met. The CNF belongs to the profession and we need you to spread the word.

If the profession is to gain stature the CNF is essential to that growth. The Foundation's primary objectives are scholarships for Canadian students enrolled in any of the six CNME accredited naturopathic medical colleges, research and public awareness. Every membership and donation counts. Until further notice please send your enrollment/donation to:

Gerry Farnsworth
196—2400 Oakdale Way
Kamloops, BC, V2B 6W7
T 250.579.0026 E drgrfarnsworth@shaw.ca

The CNF Annual Dues are:

- Naturopathic Student: \$10.00
- Individual \$100.00
- Corporate Bronze \$200.00
- Corporate Silver \$1000.00
- Corporate Gold \$2000.00

A CNF membership form will be available for download from the CAND website shortly.

British Columbia Naturopathic Association (BCNA)

www.bcna.ca

The BCNA Annual General Meeting was held at the end of April, concurrent with the CNPBC AGM. There were substantial transitions on the board. Dr. Lesley Kemp, on a maternity leave, had stood down in the fall, leaving an unfilled vacancy. Drs. Kira Frketich and Bob Van Horlick both completed their terms and opted not to stand for election again. Dr. Garrett Swetlikoff, who had served as president for more than four years, stood down. In his closing remarks he commented on the forward movement of scope issues, the enhanced identity of NDs at the political table, and the need for new directors (and the membership in general) to continue moving forward with energy and commitment. Dr. Christoph Kind provided parting words on Garrett's tenure, awarding him with a plaque and parting gifts.

The new BCNA executive is Dr. Christoph Kind, President; Dr. Deborah Phair, Vice-President; Dr. Stephanie Trenciansky, Treasurer; Dr. Seema Kanwal, Secretary. Drs. Philip Balcaen and Mike Reiersen are continuing on as directors and four new members joined the board: two BINM graduates, Drs. Cameron McIntyre and Karina Wickland, and two CCNM graduates, Drs. Seema Kanwal and Caleb Ng.

The board has been structured with a slight differ-

ence this year. Directors have been asked to assume portfolio positions, overseeing, initiating and liaising on special projects in areas such as inter- and intra-professional liaisons, media relations, professional issues and so forth.

The Association's engagement in scope of practice issues continues, in support of regulatory mechanisms that must now be created or adopted in respect to prescribing rights. We have also engaged new consultants, the highly respected national firm Hill & Knowlton. As of April 1, H&K's Victoria office assumed the BCNA file, overseeing our public affairs and public relations issues. H&K has devised a "road map" for us, pinpointing specific goals and objectives in respect to our political and provincial identity. They also presented their vision to the membership at our AGM.

The BC government's *Conversation on Health* citizen engagement continues through this summer. Many BCNA members, their families, patients and friends, have participated in the process by writing, calling or attending public or professional forums. Despite keen interest amongst complementary practitioners, the overall process has had little support from "mainstream" doctors. Anyone seeking further information on participation can link to the BCNA website for a "toolkit" of contact numbers, dates and deadlines. The final reports are due out later this year.

The BCNA hosts Advancing Natural Medicine 7 on the first weekend in October this fall. See ad this issue. Registration info and a schedule of events is available at www.bcna.ca. We look forward to seeing you there.

Manitoba Naturopathic Association (MNA) www.mbnd.ca

The Manitoba Naturopathic Association has had a productive winter. Our bylaws committee has been very busy with preparing us for upcoming changes to health legislation. We are also working on new regulations regarding registration because of changes to Labour and Immigration legislation in the province. Our association is planning on holding a semi-annual General Meeting in early June to update members on the work the Association has done over the winter, and update them on upcoming changes.

Ontario Association of Naturopathic Doctors (OAND) www.oand.org

The first quarter of 2007 has seen unprecedented growth and change for the OAND. In the first weeks of the year we moved our offices to 789 Don Mills Road.

New legislation to regulate Ontario NDs under the Regulated Health Professions Act is expected to be passed before summer. The legislation moves NDs into the same regulatory framework as other health professions while preserving the current scope of practice. The OAND is pursuing additional improvements throughout the legislative process.

On April 21 & 22, the OAND held its fifth annual Clinical Focus Conference, preceded by our Annual General Meeting at the Holiday Inn On King in Toronto. This year's conference focused on Oncology; the weekend was a great success.

OAND Convention – Clinical Excellence 2007: *The Future of Naturopathic Medicine* – October 27 & 28. Plenary presenters include: Dr. Peter D'Adamo ND, Gerard McGregor PhD, Dr. Xiaolan Zhao and Dr. Joseph Pizzorno ND. Mark your calendar now and watch for details at www.oand.org.

Media & PR

Naturopathic Medicine Week 2007: *The Building Blocks of Health* was a great success this year. Over thirty cities and towns proclaimed Naturopathic Medicine Week and a number of events were held throughout the province.

Nova Scotia Association of Naturopathic Doctors (NSAND) www.nsand.ca

The NDs of Nova Scotia have been very busy building relationships and partnerships within the Medical and Political community. Carolyn Sterchi, ND has met with her local MLA, John MacDonnell (NDP East Hants). He is very supportive of our regulation efforts, and has pledged his future support. One of the planned events for Naturopathic Medicine Week was a "Friends of Naturopathic Medicine" meeting/initiative, to coordinate efforts for the advancement of the naturopathic profession. The public was educated on naturopathic medicine and its role in medical care and how the public can be an active participant in showing demand for regulation.

Nova Scotia's NDs have been participating in Capital Health's Strategic Quest. Capital Health provides core health services to 395,000 residents, or 40 per cent of the population of the Nova Scotia and tertiary and quaternary acute care services to residents of Atlantic Canada. Specialized adult health services are provided to a referral population from the rest of the province of 550,000, and to residents of New Brunswick and Prince Edward Island. Capital Health employs 9,985 staff. The Strategic Quest includes community conversations revolving around where the public would like to see the health care system in 10 years, hopefully with naturopathic medicine

as a fully integrated part of that system.

Our NDs will also be participating in the Cancer Survivorship Roundtable Discussion put on by Cancer Care Nova Scotia, a program of the Nova Scotia Department of Health. It was established in 1998 to strengthen the cancer system in Nova Scotia. Unlike the Canadian Cancer Society, they are not involved in fundraising activities. Their goals include promotion and support of healthy public policy.

NSAND is also getting ready for Health Fusion and gearing up to ensure that all delegates enjoy our Maritime hospitality and experience our great sights and sounds! Be sure to check out the social events happening with Health Fusion at www.cand.ca/index.php?id=129. See you then!

Council on Naturopathic Medical Education (CNME)

www.cnme.org

The Board of Directors of the Council on Naturopathic Medical Education met in March along with representatives from various naturopathic organizations to continue work on a comprehensive revision of CNME's accreditation standards. The main goals of this revision are: to encourage ND programs to further integrate the didactic and clinical components of their curriculums to enhance the educational experience; to ensure that programs articulate the specific competencies expected of graduates; and to simplify and clarify the language of the standards. CNME expects to complete revisions by early 2008, and will be circulating the new accreditation standards to the profession for comments.

In March, the CNME Board approved Southwest College of Naturopathic Medicine, Bastyr University, and National College of Natural Medicine to sponsor CNME-recognized residency programs in naturopathic medicine. These institutions were approved under a new, streamlined process designed to encourage the development of new naturopathic residencies while ensuring high quality through careful monitoring.

Naturopathic Students' Association (NSA-CCNM)

www.nsa-ccnm.com

The students at CCNM have elected a new group of excited and motivated students to the NSA. Along with the new group, a new NSA website has been unveiled! The website has been completely revamped; including news & events, personal profiles of each individual member and a resources page to name a few of the updated features. The new website is part of the NSA's plan to become more integrated and visible within the student population.

With another year of classes completed, faculty changes have been made within CCNM. Some changes have been made in the academic faculty, as well as some professors moving on to new ventures. The students wish them good luck in their future endeavors.

RSNC has launched a new clinic that offers complementary and alternative treatments for chronic pain and sports-related injuries. This is in addition to the Satellite Clinics and other current specialty shifts.

CAND Health Fusion is around the corner and CCNM students have been enrolling in higher numbers than previous years. The students feel Health Fusion will provide an opportunity to engage with the profession at a level that cannot be experienced in the classroom. This shows much promise for the future of naturopathic medicine, that future NDs are taking an active interest in the profession so early in their careers.





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Manipulation Considerations for the Elderly

Dr. Robert Dronyk, DC, ND

Manipulation is a safe and effective tool for reducing pain, increasing joint mobility and improving nervous system function in all age groups. Manipulation of the elderly poses a few challenges not found in the young. Following are three areas where extra diligence is necessary.

Case History

A complete and relevant case history is important for two reasons. It will assist the naturopathic doctor with patient care, and will prevent misdiagnosis and/or mistreatment.

- Seniors get confused easily and will often complain, for example, of left shoulder pain when in fact they mean right shoulder pain, or they'll complain of hip pain when in fact they mean sacroiliac joint pain. It is valuable to ask patients, of all ages, to point out the location of the pain.
- Seniors are more likely to present with what is perceived as musculoskeletal pain when in fact, it is pain referred from an organ. An example of this is diverticulosis referring pain to the low back. It is crucial for the clinician to differentiate between pain originating from the spine and joints versus pain originating from organs, muscles, etc.
- Seniors are often on multiple medications. These medications can change the character and modalities of a patient's pain. Without a complete case history, this may mislead the practitioner as to the likely source or cause of the pain. Drug-drug and / or drug-herb interactions can also cause musculoskeletal pain directly or by referral from affected organs. An example is when a damaged liver refers pain to the thoracic spine.
- Seniors often forget to mention past disease states, surgeries, spinal fractures, even mild strokes. Some of these past pathologies may have a direct impact on the spine and joints, and can influence the suitability for a naturopathic manipulation.
- Seniors may forget to mention that they have a congenital anomaly in the neck or low back, such as a hemi-vertebra, or fused vertebrae. This would make it inadvisable to

manipulate these affected areas.

- Seniors often believe that a condition they are being medicated for is no longer present because they are largely symptom free. As a consequence, they neglect to mention it to the clinician. For example, a patient who is being medicated for IBS may have no blood or mucous in the stool, no diarrhoea and no pain with bowel movements, but their IBS may be a possible cause of the referred lower back pain they are experiencing.
- Degenerative conditions such as osteoporosis, osteoarthritis, degenerative joint disease, arteriosclerosis, etc. are more prevalent in the aged. These all pose some increased risks to the manipulation process.
- Finally, the clinician should be cognizant of any sign and symptom of impending stroke or vertebral basilar insufficiency. If they are positive for the VAS test, refer the patient to an MD, and do not, under any circumstance manipulate the neck.

Examination

A thorough examination of the spine and extremities will assist a clinician to accurately assess the cause of a patient's pain. It is important to check the posture and gait of a patient. Spinal curvatures often worsen as part of the aging process and this information coupled with their gait analysis can give valuable clues to the areas of the musculoskeletal system involved. The clinician should also check the arches of the feet. Fallen arches can be the source of knee and/or low back pain, even if the feet are relatively pain free.

During the physical examination, the clinician should check for joint deformity, and the range of motion of all joints. Scars on the body should be assessed and noted, as pain can occur where a scar crosses a meridian or the pain can originate from the scar itself. If the scar is at or near a joint, then the pain from the scar can be misinterpreted as joint pain.

Keep in mind neck movement may cause dizziness in the elderly as may positional changes while patients are on the examination table.

The clinician should always stand in close proximity to the patient and have a hand ready to support them when they are turning over.

Pinprick or sharp point discrimination on each dermatome, as well as arm and leg reflexes should be checked. This will give valuable information about which nerve roots are involved. It should be strongly emphasized that the location of pain is often not where the origin of the pain is. Arm pain often has more than one area of involvement (called the Double Crush Syndrome). Similarly, chest pain that may mimic the pain of a heart attack can be caused by a subluxated rib head in the thoracic spine or irritated anterior nerve roots in the lower cervical spine.

Finally, it is important to listen to clinical intuitions. We all want to help our patients feel better as fast as possible, but if your gut is telling you that something isn't copasetic, insist that your patient go for other diagnostic tests, such as an x-ray before attempting manipulation. For example, I recently saw a patient with severe low back pain. This patient was 42 years old and had a history of chronic mild – moderate low back pain of about 12 years duration with severe flare ups every three years or so. He had been having physiotherapy for the past three months, which was helping at first, but not holding. Manipulation had always helped him get over his severe bouts of pain

in the past. Turns out he had a history of cancer as a teenager. My gut said x-ray and unfortunately, for him but fortunately for me, the x-rays showed cancer in the spine.

Treatment

Manipulation of the spine and joints of seniors can be challenging. Be mindful of the Table of Absolute and Relative Contraindications in your Manipulation Policy. The presence of degenerative joint disease, osteoarthritis, chronic inflammation, etc., results in the elderly often experiencing some pain or discomfort during and/or after adjustments. This discomfort is usually short lived but can last a few hours. Substantial pain relief usually follows a treatment.

Loss of joint play can cause significant pain in the affected joint. Restoration of joint play by adjustment or mobilization will reduce or eliminate the pain. Exercises and/or stretching can also help.

Some patients will want you to be gentle, others more firm. Tailor the techniques to meet a patient's needs and therapeutic goals. Treat the cause, manipulate (when appropriate) and you will achieve the results both you and your patients desire.

Overall, manipulation is an effective naturopathic modality for treating seniors, but its use needs to be done with a clear understanding of a patient's health history and current health challenges.

Addressing Nocturia in Seniors

Dr. Gerald Farnsworth, DC, ND

The causes of nocturia may vary, but frequently they are simply due to mechanical inefficiency. It is well known that the kidney works much more efficiently in the horizontal position than in the vertical (sitting or standing) postures. When a person is in a standing or sitting posture there can be reduced flow of blood to the kidney. The situation is made worse by any ptosis, increased abdominal weight or fluid retention.

When a person goes to bed the kidney plays "catch up" to filter substrates that should have been excreted all day long. This results in increased urinary output - hence filling the bladder more frequently than it does during the day.

In the quadruped (four legged animal) the kidney is one of the highest organs in the abdominal cavity and the heart is one of the lowest organs in the body. Therefore, there is little trouble pumping blood to the kidney and drainage is readily achieved. This may not be the case of the biped (two legged) where decreased

blood flow to the kidney contributes, in part, to renal ischemia. This in turn stimulates conversion of angiotensinogen, which is made in the liver and converted to angiotensin I via the action of renin from the juxtaglomerular cells of the kidney, which may contribute to hypertension.

While restricting fluids after 4 p.m. may reduce the amount of fluid to be excreted, it may not be beneficial physiologically because the waste material needs to be excreted. To improve kidney function, recommend that seniors take an afternoon nap. This improves filtration and increases fluid output. At the same time it reduces gravitational fluid accumulation in the lower extremities. The use of nutritional, botanical and/or pharmaceutical diuretics may add to the urinary output, further increasing nocturia. Elevating the foot of the bed three or more inches reduces dependent edema reducing the workload on the circulatory system.

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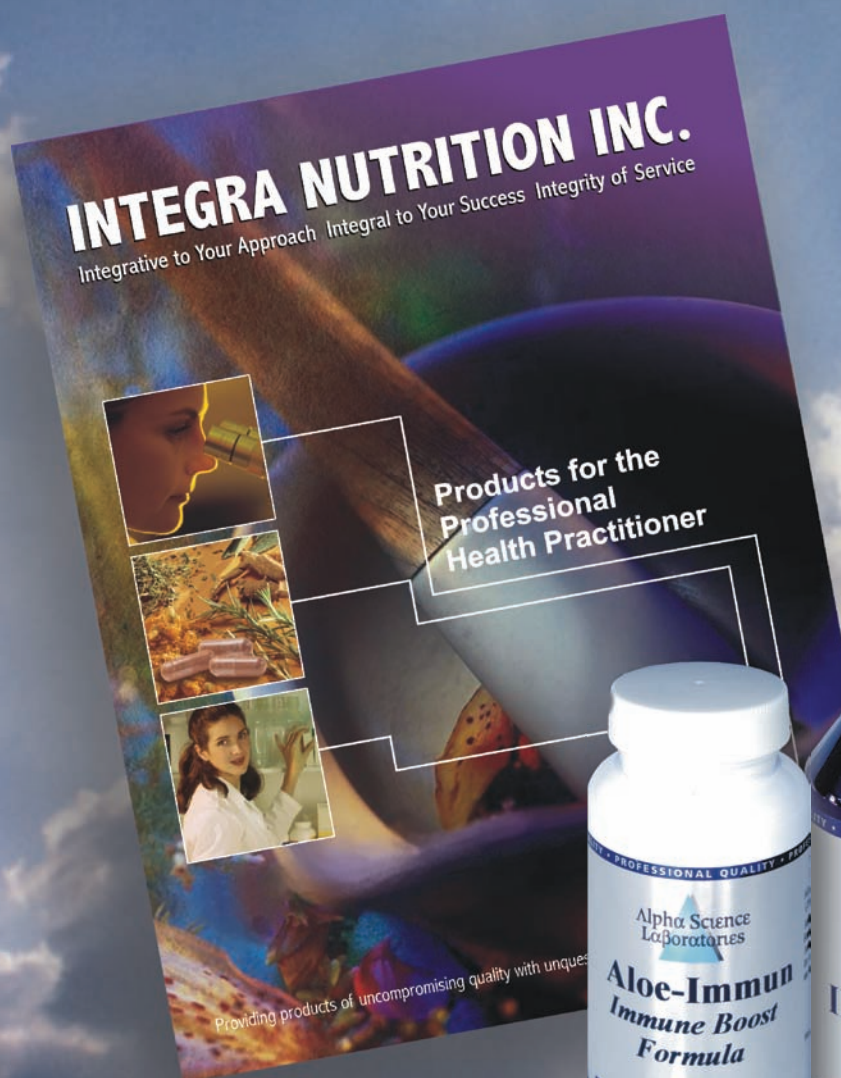
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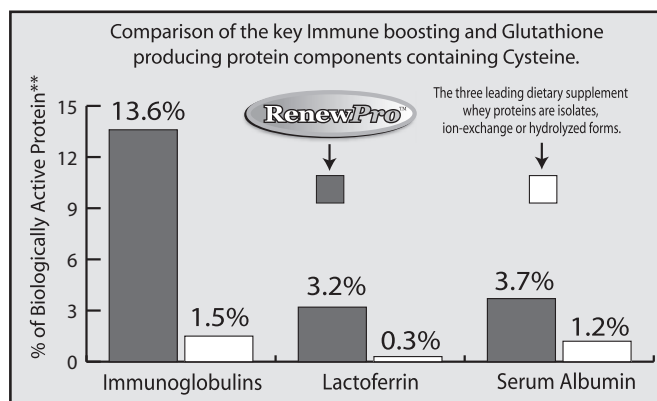
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Case Studies: Homeopathy in End Stage Illness

Dr. Joe Kellerstein, DC, ND

End stage illness might be defined as the state arising from severe or “irreversible pathology” often where death seems imminent.

NDs don’t have the advantage of hospital training and preceptoring is not satisfying when the privilege of following the case from start to finish is absent. As eclectic practitioners we forge our craft over time by blending therapies. We make mistakes in the vacuum of private practice. There is longing for a reliable compass in practice. Homeopathy draws us for this very reason. Not the kind of homeopathy marked by periodic tables, kingdoms, delusions and other non-homeopathic (alchemical) concepts. Hahnemann was characterized by a passion to cure the sick in a consistent, transparent way. It is a medicine backed by an enormous tradition of cured cases and journals – a trail of reproducible experience – exactly the companion practice demands.

Learning the basic homeopathic method provides the freedom to be at home with the old masters — to model their thought in curing. This original method spawned many brilliant thinkers: Boenninghausen, Lippe, Nash and Guernsey. These practitioners got results only dreamed of today by most of us and were very independent, critical thinkers. Today many of us just continue to pay homage to seminar gurus.

These old cases prove that it was always possible to help and that the best course is to observe carefully, inductively and await the opportunity to intervene with a well-placed remedy. Many times a remedy would be prescribed carefully according to proving and not yield a curative result. This is only a speed bump. Continue to prescribe the most indicated remedy. The vitality will ultimately yield a guiding totality of symptoms. That will be ‘your moment’.

In dealing with the elderly be insistent on a clear etiology. “When did the problem first come to be noticed?” Establish a date: something definite, such as weeks ago or a cer-

tain season. “What had happened in life just before?” Repeat the event and wait a moment while watching their face and body, observing for a change toward discomfort or emotion. “OK that’s what happened on the outside, what was the inside response?” If the patient lists several emotions write them all down while underlining the one that is accompanied by a body language emphasis. “That was an important one,” (wait for acknowledgement) “Say more about that feeling.” The elderly are often reserved or dismissive of their emotions and much patience and observation may be required. Sometimes atypical facial cues that indicate a holding back of expression are important. Watch the face for expressive changes and question the patient with respect to their feelings when they occur.

Make sure you get precise locations verified by pointing using one finger, later again verified by physical exam. Ask them to show you which movement exactly hurts by demonstration. With modalities create a hierarchy by getting them to indicate on a scale from 1 to 10 how much each factor aggravates and re-verify later in the consult.

Lastly the rubric in the repertory ‘Generals.Old. people, complaints in’ can be useful.

In terms of Posology keep in mind the reactive sensitivity of the patient. The higher the sensitivity either physical or emotional the lower and more sparing the posology. Initially frequent contact (perhaps weekly) with the patient will help to fine tune the frequency and amount of dose. Following are some case examples:

Mildred was an active 75 year old lady with a keen interest in politics. She had been in a car accident and suffered recurring back pain that yielded readily to a monthly spinal manipulation. On the last Friday of every month she would arrive at 10 am for her treatment, but failed to on one occasion. My assistant Wanda was concerned. I insisted she call the police,

who forced their way into Mildred's apartment and found her unconscious on the living room floor. We were later informed by the sister that the doctors said she had suffered a stroke, was in a coma and not expected to survive. The sister, who was very upset, described the awful scene. Mildred was just lying there in coma breathing loudly, as if snoring, with rosy cheeks. I was in the middle of treating someone else when Wanda intruded with this message and demanded we give something. Luckily the case was very clear as desperate cases often are. Her sister came and picked up Op. 30c. Monday morning the report came that after a couple of doses Mildred had woken up! The bad news was that she was paralyzed on her left side (lower) and was told by the doctors that she would never walk. Her sister reported Mildred was glad to be alive and they had been talking and laughing together, but Mildred was horribly thirsty for ice-cold water. Wanda interrupted with this news and I advised her to pick up some Phos 30. Some weeks later Wanda interrupted again, but this time it was to usher in Mildred who walked in on her own steam to give me a hug.

James was 80 years old. A true gentleman in every sense of the word. He was meticulously groomed and an absolutely charming, caring man. His hair was greased back and parted in the middle. He had a thin moustache, carefully trimmed. His image clearly spoke of a man who in his day had been one cool guy. Recently his wife had been fatally ill. He had cared for her every step of the way. After her passing he suffered greatly. He experienced headaches and then a number of TIAs in addition to the grief and depression. His response to Natrum Mur 200 was gratifying. Two years later, however, his daughter brought him back. James was becoming increasingly forgetful. It had become a serious problem that affected his ability to live independently. During the consultation he described a sensation as if 'air was in his head'. It was not painful but very persistent. I questioned him further to DD. It was not as if a draft or wind. It was not hot or cold. It was not further describable. If we check Allen's Encyclopedia under Benzoic Acid we have this symptom and under mind we have "forgetful of words". Not only did he report his mind clearing within a couple of days but his troublesome urination (not reported) improved with it.

Toby was 82 and tough as nails. She was thin, wiry and had a gravelly voice that seemed to scream, "Get out of my way!" After sitting down in my consult room she informed me that she knew she should

quit smoking but wasn't about to. There were severe circulatory problems with her leg. In fact her toes and part of the foot were now black with gangrene. There was no way Toby would allow 'those doctors' to take the leg off. First she would die. Furthermore, I was going to have to cure her and "that was that". I asked her to describe how the problem felt and behaved. She said that every night around 1 or 2 am it woke her up with a wicked burning pain that made her pace the floor. I gave her Ars 10m to take nightly. After the first night of relief she decided to video tape her healing. Steadily the foot improved and was not amputated. The problem relapsed a bit the following year I believe due to her continued smoking and again she responded to the same remedy in higher potency.

This lifestyle issue is often trivialized by homeopaths. Hahnemann tells us in the Organon that optimizing lifestyle is crucial, not only so that cure is easier, but especially to prevent a relapse of chronic disease. No one knows or cares more about this concept than naturopathic doctors.

Homeopathic prescribing is safe, effective and easily blends with any type of care in these emergency states. Homeopathy's cost effectiveness and impact on quality of life can be truly staggering.

About the Author

Joe Kellerstein, DC, ND graduated as a chiropractor in 1980 and as a naturopathic doctor in 1984. He graduated with a specialty in homeopathy from the Canadian Academy for Homeopathy and subsequently lectured there for two years. He also lectured in homeopathy for several years at the CCNM; for eight years at the Toronto School of Homeopathic Medicine; for two years at the British Institute for Homeopathy and for the past five years has lectured for his own post-grad course in homeopathy, Homeopathy by the Book (homeopathybythebook.com). Kellerstein's mission is the exploration of natural medicine in a holistic context, especially homeopathy and facilitating the experience of healing in clients.

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Medical Interactions: Naturopathic Doctors Play a Unique Roll

Dr. Paul Saunders, PhD, ND, DHANP

The risk for drug-drug, drug-herb, and drug-nutrient interactions has been a potential reality since the practice of medicine began in the dim, distant past. Practitioners from past to present who dealt with a variety of botanicals, minerals and biological substances always had to be aware of what ingredients were combined, method of preparation, dose, diet of the patient and their diagnosis and prognosis. As modern medicine suddenly became more aware that plants had active ingredients that could be clinically effective, they became more alarmed that patients were taking substances of which they had little knowledge. The result has been a push to look for interactions and to direct patients to not take these substances until research has been published.

The reality is that patients do eat food (plant and animal based), they do self-medicate (they always have and always will) and these contain active constituents. Naturopathic doctors are uniquely trained to be the best-prepared healthcare providers with respect to awareness about real or possible interactions. The reason is their education. Course work in biochemistry, physiology, immunology, botanical medicine, homeopathic medicine, clinical nutrition, pharmacognosy, and pharmacology are the essential building blocks to understand the substances that patients consume, their mechanism of action in the human body and how they may interact. No other health care provider has this academic training with a focus on constituents, their biochemistry, and their physiological effect in combination with supervised clinical training.

The other unique feature of naturopathic medical education is the recognition that interactions can be both negative and positive in their effect. Medical research has primarily focused on negative interactions either with respect to patient outcome or reduced drug activity. In fact there are also interactions that are positive with respect to the patient, drug activity or reduction of side effects. Naturopathic doctors' unique education provides them the tools to both recognize and reduce the incidence of adverse interactions and to increase positive interactions and positive patient outcomes. As primary care providers we must know what our patients are taking, even when self prescribed, stay up to date on research findings and clinical reports,

and use the best of references that are verifiable and reliable. One of the best because of its unique grading system, ranking and referencing is Brinker's 2001 Herb contraindications and drug interactions, 3rd edition with internet updates.

About the Author

Dr. Paul Richard Saunders, PhD, ND, DHANP graduated from both the Canadian College of Naturopathic Medicine and National College of Naturopathic Medicine after earning his PhD at Duke University and a teaching and research career at two American universities. He introduced parenteral therapy into the CCNM curriculum in 1991-1992 and continues to teach it today. He combines private practice, teaching, research and publishing as well as active membership on numerous Canadian and American committees assisting in the advance of naturopathic medicine. **Dr. Paul Saunders will be presenting a lecture entitled *GREY POWER: Real and Potential Drug Interactions Among Aging Baby Boomers* At Health Fusion on June 23, 2007 in Halifax, NS. For more information visit www.cand.ca.**



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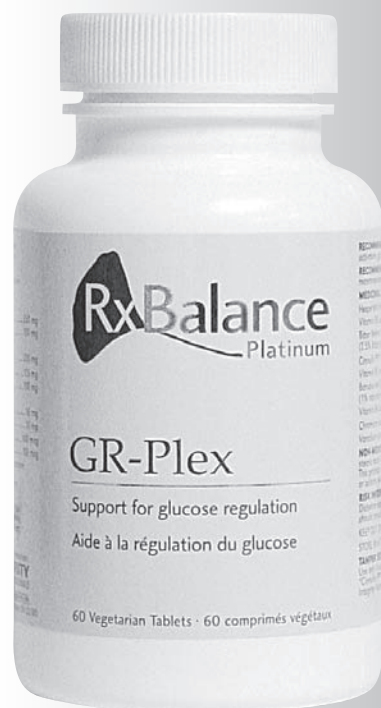


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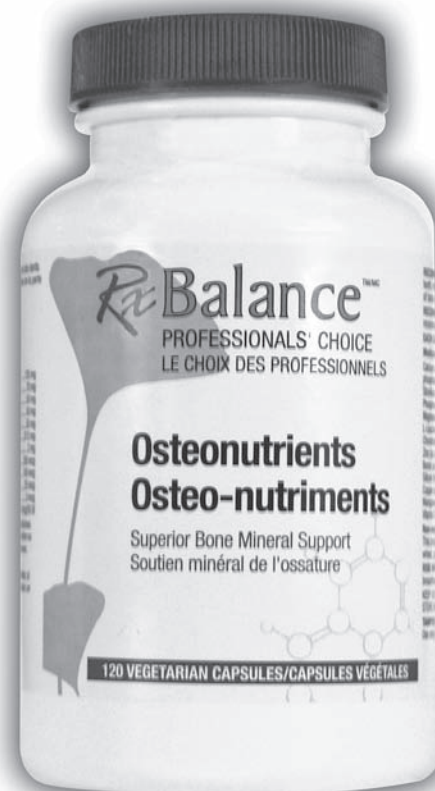
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Assessing Driving Competence

Dr. Heidi Armstrong, ND

The need for naturopathic doctors to assess driving competence is becoming increasingly important. Patients rely on naturopathic doctors for primary health care and the age of the population is increasing. The assessment of driving competence is necessary after a motor vehicle accident (MVA), as part of an intake with all senior patients and with patients that present with physical or vision limitations. Following are the basic guidelines.

When examining your patient consider the degree of limitation present as well as the potential limitation, which may progress over time. If the driving competency assessment is as a result of a MVA, it is advisable that you contact (with permission) the patient's insurance provider for accurate accident claim information.

A driving competence assessment should include the following as part of the health history:

- Head illness or injury (brain, seizures, stroke, paralysis, epilepsy)
- Eye disorders or impaired vision (pupillary accommodation and equality, ocular motility, nystagmus, exophthalmos, strabismus, retinopathy, cataracts, aphakia, glaucoma, macular degeneration)
- Ear disorders or loss of hearing or balance
- Heart disease (including surgery, current heart rate, blood pressure, medications)
- Lung disease (shortness of breath, emphysema, COPD, asthma)
- Kidney disease (dialysis)
- Diabetes (controlled by diet, insulin, concurrent health conditions)
- Depression
- Loss of or altered consciousness episodes (fainting, dizziness, vertigo)
- Sleep disorders (insomnia, apnea, narcolepsy)
- Spinal injury (sciatica, discopathy)
- Substance abuse (alcohol, recreational, narcotics, etc)
- Extremities (perceptible limp, impairment of foot, leg, toe, arm, hand, finger, grasp strength, range of motion, coordination)

As part of the assessment ask your patient the following questions:

1. Do you feel nervous or physically exhausted when driving?
2. Do you have difficulty seeing pedestrians, signs and vehicles?

3. Do cars appear from nowhere?
4. At night does the oncoming headlight glare temporarily blind you?
5. Do you find intersections confusing?
6. Do you find it difficult to judge the distance between cars?
7. Do you have difficulty coordinating your hand and foot movements?
8. Are your reaction times slower than they used to be?
9. Do other drivers often honk at you?
10. Do you get lost in familiar neighbourhoods?
11. Have you had an increase in the number of traffic violations, accidents or near-accidents in the past year?

If your patient answers 'yes', ask for further details and include these in your notes / report.

A patient must meet the following criteria to ensure driving competency:

VISION:

1. At least 20/40 acuity (Snellen) in each eye with or without corrective lens.
2. At least 70 degrees peripheral vision in horizontal meridian measured in each eye.
3. The ability to recognize and distinguish between traffic control signals and devices showing standard red, green and amber colours.

HEARING:

1. Must first perceive forced whispered voice at > 5ft, with or without hearing aid. OR
2. Average hearing loss in each ear is < 40dB at 500Hz, 1000Hz and 2000Hz with or without a hearing aid. If you suspect a hearing disability, refer your patient to an audiologist for a full assessment.

EXTREMITIES:

1. Sufficient grasp and prehension in upper limb to maintain steering wheel grip. Normal grip strength is usually 5-10 psi. Accurate driving prehension grip strength should be 5 psi minimum.
2. Sufficient mobility and strength in lower limbs to operate pedals.
3. Sufficient range of motion of shoulders and neck to check blind spot, parallel park and back up vehicle.

Communicating incompetencies

In your assessment it is important to communicate your findings: those that contribute to the patient's

driving skills, as well as those that detract from his or her driving skills. You may also state that your regulatory board and MOT support the use of a comprehensive assessment to determine driving competence.

For further information on driving competency assessment refer to: *Primary Care Tools for Clinicians: A compendium of forms, questionnaires, and rating scales for everyday practice.* Lorraine Loretz, © 2005 Elsevier Mosby. Softcover 465 pages with CD ROM ISBN 0-323-01983-8

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Dietary Considerations for Seniors and the Aging Population

Dr. Penny Kendall-Reed, ND

Aging is traditionally defined as the process of growing old, or the process of acquiring the physical and mental characteristics of old age. However, aging is less about living longer, but more about living better; it is about spending more years in a state of health and vitality. In order to fully embrace these years, both physically and mentally, it is important to adjust diet and lifestyle. As these variables are adjusted from infancy to childhood, and from childhood to adulthood, similar modifications must be made to address the biological changes that occur as we reach our senior years enabling our bodies to function at their best.

Aging Theories

The aging process can be divided into three main categories; genetic, biochemical and physiological. However, another way to understand the aging process is to divide these processes into two main classes. The first class can be termed “programmed theories”. It relies on the principles of biology, adhering to the idea that aging is a continuation of growth and development with gradual exhaustion of our cellular machine. The second class is concerned with “error theories”, whereby environmental insults to our system gradually cause the body to “break down”. While it is clear that aging involves the simultaneous progression and interaction of all these processes and theories, considering them separately helps our understanding and can direct treatments.

Programmed theories can be broken down into 3 categories:

Genetic theory involves the process of turning on and off of specific genes, and the correlation of these events to the occurrence and timing of age-related pathologies. It includes the antagonistic pleiotropy theory, which argues that evolution has endowed us with genes offering short-term benefits early in life, but causing deterioration as we age.

Endocrine theory includes the changes in hormone synthesis and activity and the effect this has on the pace and rate of aging.

Immunological theory concludes that a decline in the strength of the immune system leads to an increased vulnerability to infections, pollutants and cancer along with impaired ability to heal and repair.

Error Theories are divided into 4 categories:

Wear and Tear theory states that cells and tissues lose their ability to replace themselves at their normal rate, ultimately weakening the body. This incorporates the idea of telomere shortening. Every time a cell replicates its nucleic acid sequence or telomere is shortened. Once it becomes too short, the cell dies.

Cross-linking theory describes aging as an accumulation of abnormally formed cross-linked bonds between proteins. These cross-links obstruct the passage of nutrients across the cell wall and can react with other proteins in the body causing further cross-linkages and damage. Moreover, they are a source of free-radical oxidation.

Free Radical theory attributes the aging process to an accumulation of oxidative inflammation and cellular damage to the point of tissue mutation, disease or death.

Errors in Repair describes the damage to the mechanisms that synthesize proteins, repair and destroy faulty cells, and remove toxins from the body, resulting in metabolic failure, aging and cellular death.

As we reach our senior years, a complex interaction of all these factors act independently or synergistically. Such interactions have been clinically demonstrated. For example, a study in Korea demonstrated the relationship of age-related diseases such as cardio-vascular disease, osteoporosis, arthritis and dementia to inflammation resulting from abnormal gene expression and oxidative stress. The up-regulation of inflammatory substrates such NF-kappaB, IL-1-beta, IL-6, TNF-alpha, cyclo-oxygenase 2 and Nitric Oxide synthase ultimately increases the rate of cellular destruction and aging^{1,2}. This theory, aptly termed “inflammaging” incorporates genetic, immune and inflammatory components and likely represents one of the many multifactorial explanations of the aging process.

Diet and Supplement Strategies for Seniors

There are two ways to address diet and supplementation as one enters the senior years:

1. Treating the symptoms of aging as they occur
2. Preventative treatment

The first strategy, familiar to most, ignores the underlying pathology of aging and the numerous theories listed above, yet symptomatically treats some of the health difficulties many seniors experience. Such treatments might involve the use of a high fibre diet to address problems associated with impaired GI-tract function. The second strategy is perhaps less well known, yet it offers an exciting and more “naturopathic” approach to aging.

Treating the symptoms of aging as they occur

Using this strategy, aging is seen as a series of changes in the physiological functioning of our bodies, which, if allowed to progress, ultimately results in the development of age-related disease. The variety of spectra includes impaired glucose tolerance to diabetes, mildly raised blood pressure to heart disease, forgetfulness to senility and poor healing to cancer. Each represents the progression of a basic physiologic deterioration and while treatment can be instituted at any stage, it is clearly more effective at an early stage. Treatments include everything from dietary changes that control blood sugar, hypertension and cholesterol, to supplements such as lutein for macular degeneration. Diets high in fibre, vitamin-D, calcium, fish oils and soy along with ample fruits and vegetables are well accepted by naturopathic and traditional practitioners alike. However, while there is nothing wrong with the dietary modifications associated with this approach to managing the aging individual, other strategies may prove more effective in the long term.

Preventative treatment

A “more naturopathic” approach to dealing with dietary management in seniors is a preventative one, allowing the body to heal itself. By addressing the factors we believe to be associated with aging, physiologic deterioration is minimized, thereby preventing progression along the spectrum of dysfunction toward disease. It represents our ideal of allowing the body to function at its best for as long as possible.

Strategy for diet in Seniors includes:

- Balanced protein to carbohydrate to stabilize insulin, cortisol and leptin
- Slightly reduced caloric intake
- Appropriate protein to maintain growth hormone levels
- Avoiding inflammatory foods and adding antioxidants and omega fats
- Selecting foods to improve immune function
- Foods and supplements that promote repair

Diet can address a number of hormonal factors asso-

ciated with aging including insulin, leptin, cortisol and growth hormone. By balancing blood sugar levels through an appropriate amount of protein at each meal (after the age of 65, if one leads a sedentary life, 0.8 grams of protein per kilogram of body weight divided throughout the three meals of the day is sufficient), combined with low levels of complex carbohydrates, regulation of all these hormones improves. Healthy protein sources include organic chicken and turkey, egg whites, fish, tofu, and whey or hemp protein powders. Protein or meal replacement powders are useful as they also contain digestive enzymes to help increase absorption of food, are easy to prepare and light on the stomach for those with difficulties digesting food or with poor appetite. Carbohydrates in the form of vegetables or salads are preferable to fruits or grains. Not only are vegetables and salads higher in fibre, vitamins and minerals than grains and starches, but the bonds between sugar molecules in vegetables are inverted as opposed to linear, providing slower release and less insulin, particularly when the body is under the influence of cortisol. Both of these dietary changes will eliminate the on-going release of cortisol associated with the stress of rapid swings in blood sugar will remove a tremendous load from the HPA axis ³. Although extreme calorie deprivation (see below) is not ideal for most seniors, a slight reduction in daily intake is beneficial. A drop in daily caloric intake by 200-400 calories starting at about age 50 or around menopause or andropause is all that is needed to minimize the associated inflammation seen when too many calories are ingested.

In addition, adequate protein provides the amino acid substrate for growth hormone production. It is important to maintain growth hormone levels in the low to medium normal range and not to increase them above normal due to cancer concerns ⁸.

There are a number of dietary modifications used to reduce inflammation. Increasing the intake of foods containing omega-3 essential fatty acids such as salmon, mackerel, tuna or tofu drops prostaglandin and leukotriene production, greatly inhibiting inflammatory aging processes. Berries such as blueberries and strawberries contain powerful anti-oxidant phytochemicals that decrease inflammation, prevent heart disease while providing beneficial fibre at the same time. Spicing up food with turmeric or ginger also reduces the inflammatory load.

In addition foods that are known to produce inflammation, especially the deadly nightshades, such as the potato, aubergine (egg-plant), tomatoes and peppers should be avoided. Animal products, such

as red meat and dairy foods (yogurt, cheese, etc), which can increase the production of prostaglandins, as well as peanuts, which increase arachidonic acid should be limited or minimized⁴. Trans-fats, saturated fats and dietary cholesterol, which cause significant inflammation throughout the body, should also be avoided.

Supplements such as fish oil or flax oil along with Vitamins A, C, E, quercetin and selenium are great additions to the diet to help further reduce the inflammatory load ⁴.

To improve immune function lean, organic protein is essential for effective cell function and antibodies, while mushrooms and onion or garlic have important anti-microbial and anti-cancer properties including boosting IL-1, TNF-alpha and NK-cell activity.

Foods that contain the minerals calcium, magnesium and zinc are valuable to promote tissue repair and to counteract the damage associated with the aging process. These include dairy, soy, green leafy vegetables, almonds and sunflower seeds. Omega-3 is also vital to cell wall and nerve cell integrity while vitamin-C acts as both a co-factor for cell function and repair as well as an anti-oxidant. The green leafy vegetables also contain B-vitamins, which are vital for maintaining neurologic function.

Other anti-aging strategies

Severe calorie restriction

Severely calorie restricted diets have been the focus of aging for quite some time. Extensive studies in rats reveal that when the number of calories is significantly lowered, there is less free radical oxidation damage. As a result, fewer free radicals are being generated in the conversion of food to ATP. Studies also show a reduction in heart oxidative damage, increased mitochondrial differentials and energy efficiency associated with a lower incidence of age-related disorders ^{5,7}. Although calorie restriction in seniors has been demonstrated to offer beneficial metabolic, hormonal, and functional changes, the precise amount of calorie intake or body fat mass associated with optimal health and maximum longevity in humans is not known. In addition, it is possible that even moderate calorie restriction may be harmful in specific patient populations, such as lean persons who have minimal amounts of body fat ⁹.

Frozen mesenchyme cells

Frozen mesenchyme cells obtained from porcine tissue are one of the newest and most potent nutrients

available for the treatment of aging and disease. They are undifferentiated pluripotent embryonic connective tissue cells that when ingested have the ability to become almost any type of cell to help restore damaged or aged cells. Researchers at Dalton Cardiovascular Centre in Missouri added fluorescent dye to pluripotent porcine stem cells and injected them into humans. They found that not only were they able to track these cells over 100 replication cycles, but also discovered they migrated to areas of damage and injury with greater affinity than anywhere else ⁶. Quite surprisingly, a similar effect is noted when these cells are ingested. Mesenchyme cells also possess a metabolic function whereby they improve mitochondrial metabolism, increasing ATP production and restoring energy levels. Similarly they have been shown to regulate the MMP (matrix metalloproteases) activity, prevent collagen breakdown, and control inflammation and degenerative joint conditions.

Growth Hormone

Despite its lack of approval by the FDA, HGH remains a popular anti-aging therapy. It does appear to offer some benefit in men at improving muscle mass and reducing body fat. However, HGH has numerous side effects including diabetes, arthralgia, oedema and gynecomastia. Its potential to increase the division rate of malignant cells cannot be ignored and long term studies will be needed to determine its safety with respect to cancer. My strategy is to ensure the body has sufficient substrate in the form of amino acids to synthesize growth hormone and return it to its natural level ¹⁰.

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About the Author

Penny Kendall-Reed is a naturopathic doctor in Toronto. After graduating from McGill University with a B.Sc. in Biology and a minor in Neurobiology, she attended the Canadian College of Naturopathic Medicine. Here she earned her degree in naturopathic medicine in 1997 and received the Dr. Allen Tyler Award for Most Outstanding Clinician. As a specialist in weight loss and author of a national best seller, *The Naturopathic Diet (and the more comprehensive book The New Naturopathic Diet)*, Penny travels throughout Canada and the U.S. lecturing on weight loss and weight related diseases. She has also co-authored the book *Healing Arthritis, The Complete Doctor's Healthy Back Bible* and *The Complete Doctor's Stress Solution*. Penny holds health retreats at various resorts and is a Master Lecturer at the Le Sport – The Body Holiday in St Lucia. In addition, Penny is health expert for CTV's on line, and Canadian Living magazine. Presently, Penny Kendall-Reed is the director of natural therapies at Urban Wellness, in Toronto.

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Increasing Lung Capacity for Seniors through Exercise

Dr. Jason Loken, RMT, ND

Most people are aware of the vast benefits that exercise provides for the young and middle aged, but the benefits for the older population are often overlooked. By the year 2030 it is estimated that 22% of the population will be over 65 years of age⁽⁸⁾. Within this population the fastest growing segment is the group older than 85 years⁽⁸⁾. As people age, they often become more sedentary and thus increase their risk of mortality and age related morbidity⁽¹⁻⁸⁾. Over the next twenty to thirty years naturopathic doctors will likely see an increase in the number of elderly patients seeking help to manage their health. Proper exercise and movement therapy is an essential tool in the overall treatment plan for the elderly population.

Importance of Exercise for the Elderly

Exercise is an excellent and inexpensive way to treat and prevent almost all degenerative diseases. Elderly patients are at a higher risk of developing many degenerative diseases such as cancer, cardiovascular disease, dementia, depression, diabetes, falls and injuries, osteoporosis, respiratory disease and sleep problems, as well as others.⁽¹⁾

Exercise is essential as it can treat and aid in the prevention all of the above ailments. Some of the benefits of exercise for the elderly include:

- Improved cardiovascular health, lipid profile, and blood pressure
- Decreased bone density loss, hip and vertebral fractures, and risk of falling
- Improvements in sleep and cognitive function
- Improved joint ROM with reductions in pain
- Decreased risk of colon, breast, prostate, and rectal cancer
- Decreased risk of obesity and lowered blood glucose levels
- Decreased fatigue and improvements in quality of life⁽¹⁾

It is never too late to start exercising

According to a Harvard Alumni study patients that did not begin regular exercise until 75 years of age benefited from modest increases in life expectancy⁽⁵⁾. It had also been shown that inactive patients who began regular exercise received the greatest health benefits. Further increases in activity were beneficial although the overall improvements were

progressively smaller⁽⁵⁾. By simply helping sedentary patients become active, naturopathic doctors can have a significant impact on their overall health and life expectancy.

Interval training, Lung capacity and Longevity

Dr. Dean Ward concluded through his research in the 1980s that lung capacity is the number one predictor of longevity⁽³⁾. By the time one reaches 70 or 80, over half of one's lung capacity is completely gone⁽³⁾. As lung capacity decreases, the immune system weakens and there is a significant loss of oxygen to the entire body⁽⁷⁾. It's no wonder so many seniors die of flu and pneumonia. As one becomes more sedentary they become more susceptible to infection⁽⁷⁾. According to the Coenhagen City Heart Study, the risk of an initial stroke increases by 30% and the risk of fatal stroke increases by 200%⁽³⁾. The European Society of Cardiology reported in 1988, that the risk of heart disease increased by 200% with even a moderate decline in lung capacity⁽²⁾.

As the patient's fitness level improves, an excellent way to increase their lung capacity is to incorporate interval training. By teaching specific interval training to the elderly patients we can have a dramatic impact on their lung capacity, which may increase the quality and length of their life⁽⁹⁾.

Increasing Lung Capacity Through Exercise

The three components to a complete exercise program include cardiovascular exercise, strength training, as well balance and flexibility exercises. Any exercise program designed to increase lung capacity will also increase the patient's strength and greatly improve their balance and coordination. As with any exercise program and even more importantly for the elderly it is essential to start off light and gradually increase the intensity as the patient's level of health improves. The program described below focuses on cardiovascular interval training which is designed to optimize a patient's lung capacity and overall health.

Interval training consists of 10-30 minutes of light to moderate exercise such as walking or cycling. If a patient has been sedentary for a long time they should start out at a very low level and progress to higher levels of intensity. A good rule of thumb to monitor appropriate intensity is the "talk test", where patients can comfortably carry on a con-

versation during their exercise⁽⁴⁾. An easy warm-up and cool-down of 5-10 minutes is recommended to decrease the risk of musculoskeletal injury, cardiovascular complications, and hypotension⁽⁴⁾.

Interval training program

Interval training can be done with any exercise that is comfortable for the patient. For example, an elderly patient could walk, cycle on a stationary bike, swim, or even walk in a pool depending on their overall health and comfort zone. The key to interval training is to have periods of recovery mixed with periods of exertion, intense enough to make the patient pant. The recovery period between the intervals must also be long enough to ensure that a patient feels their breath slow down and their heart rate drop below 40% of their maximum heart rate.

For example a patient could perform the 20-minute program outlined in Figure 1.

Time (minutes)	Intensity
1	Easy pace
2	Easy pace
3	Easy pace
4	Easy pace
5	Light pant
6	Easy pace
7	Easy pace
8	Light pant
9	Easy pace
10	Easy pace
11	Light pant
12	Easy pace
13	Easy pace
14	Light pant
15	Easy pace
16	Easy pace
17	Light pant
18	Easy pace
19	Easy pace
20	Easy pace

Figure 1

A light pant is all that is needed to increase lung capacity during and after the exertion interval period (easy pace). Panting creates a temporary oxygen debt, which stimulates the body to increase lung capacity⁽⁹⁾. Right after our patient has completed their exertion interval their heart rate should be at 60-80% of their maximum heart rate and they should be panting.

Maximum heart rate (MHR) = 220 – AGE

Optimal heart rate to increase lung capacity = MHR X 0.6 or MHR X 0.8

For example:

- Age 55, your target will be 99-132
- Age 60, your target will be 96-128
- Age 65, your target will be 93-124
- Age 70, your target will be 90-120

The patient should then begin their recovery period where they are walking at a very easy pace or cycling very lightly until their breathing slows back down and their heart rate drops below 40% MHR. This may take longer than two minutes in the beginning but as the patient's health improves they will find that their recovery period becomes quicker. For some patients the light interval is a very easy, slow walk and their higher intensity interval is a faster walk. For others, it is a speed walk or a light jog it all depends on their current lung capacity and overall health. The exertion period needs to be challenging enough to create a short oxygen debt that will stimulate a light pant. If one minute is too long to start with for the intense interval than have your patient go for thirty seconds and gradually increase the duration up to one minute⁽⁹⁾. For patients with balance difficulties it may be easier and safer for them to begin in a pool either walking or using a paddleboard. Exercise in water provides beneficial resistance and reduces the need for balance. If the patient has difficulty moving very much at all, they could sit in a chair and walk on the spot by moving their legs up and down just enough to challenge their respiration.

This exercise program is designed to give patients a starting point. As patients improve they can always fine-tune their program to ensure it remains challenging. Some of the ways in which the workouts can be modified are as follows⁽⁶⁾:

- Change the type of exercise. Do not repeat the exact same exercise everyday. Mix it up every few weeks between cycling, walking, stair master, swim and pool aerobics. It is better to keep the body adapting and changing.
- Shorten the exertion period and increase the speed
- Shorten the exertion period and increase the intensity (e.g. if on a treadmill, increase the grade, or if on a stationary bike increase the resistance.)

Before starting any exercise program it is important to have a thorough physical exam and rule out any contraindications to exercise. Naturopathic doctors

should assess the patient for relative contraindications, listed below, before beginning any exercise program⁽⁶⁾.

Risk Factors

- Over 50 years old
- No medical checkup within two years
- 25+ pounds over weight
- Hypertension
- Heart attack, rapid heart palpitations, chest pain after exercise
- Taking heart medication
- Angina, fibrillation, tachycardia, abnormal EKG, heart murmur, rheumatic heart disease
- Blood relative died from heart attack before age 60
- Asthma, emphysema, or other lung condition

Interval training is an excellent way to increase lung capacity, which is of the highest priority when it comes to exercise and the elderly. Lung capacity may be the most important factor in determining longevity, cardiovascular health, immune system health, and overall energy levels. In the near future the elderly population will increase significantly and it is important that naturopathic doctors have as many tools as possible to optimize their quality of health. Exercise is a natural therapy that addresses the root cause of illness, teaches the patient to take ownership of their health, and ignites the innate healing powers of the body. 20 minutes/day may be all that is required to get years – even decades of added good health for our patients.

About the Author

Jason Loken graduated from the Canadian College of Naturopathic Medicine in 2002. He has been a registered massage therapist since 1995 and is currently in his third year of study at the Canadian College of Osteopathy. He practices full-time at Naturopathic Foundation Health Clinic in Markham and is an Associate Professor of physical medicine at the CCNM.

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