

# Vital Link

The professional journal of the Canadian Association of Naturopathic Doctors

## Feature Articles

### 🔥 Editorial

Maintaining Ownership over  
Physical Medicine

Dr. Dr. Eric Posen, ND

### 🔥 Practice

The Backbone  
of Good Health

Dr. Iva Lloyd, RPP, ND and  
Natalie McCulloch, H.BKin, ND (cand.)

### 🔥 Research

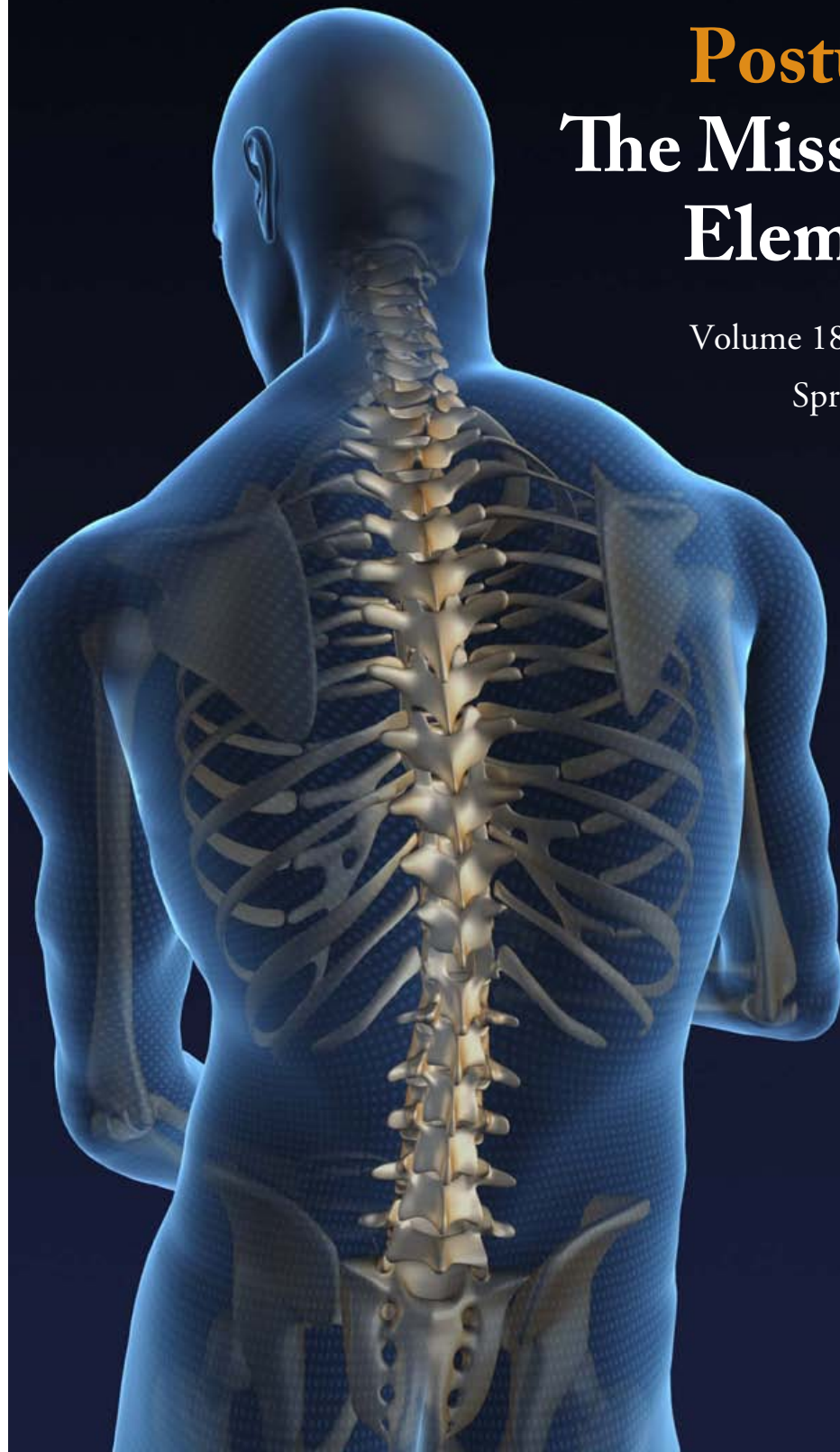
Posture as a Key  
Health Determinant

Dr. Nick Buratovich, NMD

## Posture: The Missing Element

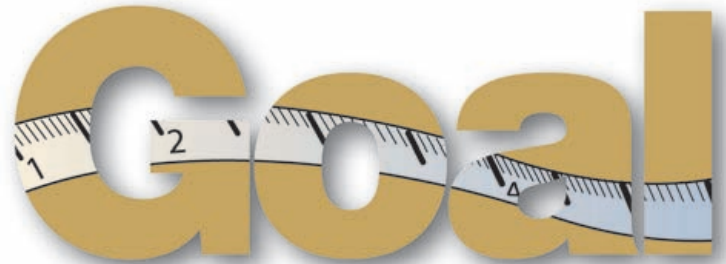
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# Vital Link

Volume 18, Issue 1, Spring 2011  
Posture: The Missing Element

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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 detailed reviews of specific causal factors: philosophical and research-based papers, clinical practice articles and case reviews, as well as international updates on the profession. The *Vital Link* has an outreach to other health care professions and promotes qualified naturopathic doctors to corporations, insurance companies and the Canadian government.

#### Forthcoming Themes

##### Summer 2011

NHPs: are Excipients and Binders Truly Inert?

##### Fall 2011

The Psychology of Healing

#### Submissions

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 Previously unpublished material is preferred.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

#### Circulation

The *Vital Link* is published three times per year and is distributed to over 2000 qualified Canadian NDs and students of CNME-accredited naturopathic programs in Canada and the U.S. The *Vital Link* is also distributed to the CAND's corporate members and in our media kit. The journal is available electronically to members only.

#### Advertising

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

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# Naturopathic Notes

Dr. Iva Lloyd, RPP, ND

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Posture is one of the most taken-for-granted aspects of health. Proper sitting and standing is a lost art. Adding to the problem is that our society has become increasingly sedentary. As technology advances it becomes easier to accomplish everyday tasks without moving around; but without adequate movement, the structure of the body changes and this can negatively affect our health.

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**T**his edition of the *Vital Link* explores the role of posture in health and disease. Our aim is to acquaint NDs with the high importance of addressing postural imbalances in patients and recognizing the link between poor posture and myriad health concerns. It is common for practitioners to think of postural imbalances when patients present with musculoskeletal concerns, but what about respiratory, cardiovascular and digestive concerns? A naturopathic intake is typically extensive, but how often do we take the time to address key items such as a patient's footwear, the ergonomics of their home or work environment, their sleep position, how they drive, or the impact of carrying purses, knapsacks, or brief cases? Identifying and treating the cause can be a lot of work and often the 'little' things can really make a difference.

The concept that "structure governs function" has been part of naturopathic medicine since its beginning. In the early days of our profession there was a much greater emphasis on physical medicine, including hands-on therapies and postural assessments. In fact, physical medicine was as much a part of the curriculum as functional medicine. Over time, however, the educational focus of the naturopathic profession has shifted more towards functional medicine with a treatment emphasis on herbs and supplementation.

The strength of our profession is found in its eclectic nature. The time has come to rebalance the focus of naturopathic medicine and give more importance to physical medicine and the energetic therapies that were part of the original naturopathic treatment paradigm. Our 'posture' theme is well-timed as we remember an elder of our profession, Dr. Fred Loffler, DC, ND, who passed away at the age of 98 on Friday, March 4, 2011 in BC's Lower Mainland. Dr. Loffler – Canada's oldest living ND – was an old-fashioned naturopathic doctor who believed strongly in the need for the profession to maintain a strong focus on physical medicine and the modalities associated with it.

Each issue of the *Vital Link* provides readers with an article designed to ease the business-related challenges of running a practice. In this edition we have included a review of the functions and features of NDAssist v3.0. This program was designed by naturopathic doctor, Matt Gowan, specifically for naturopathic doctors. NDAssist eliminates many of the challenges of researching and comparing products. The program also provides an overview of different conditions, botanicals, TCM patterns, acupuncture points, lab tests, and more. The new v3.0 features some significant advances in the program's capabilities and processing speed. Read Mitchell Zeifman ND's review on page 10.

The editorial team of the *Vital Link* has spent the last year revising and updating the look and feel of the journal. This current edition marks the end of the revisions. Moving forward, our focus will be to encourage more naturopathic doctors to write for the journal, especially case study reports. There is a tremendous amount of knowledge and insight within our profession and it is our aim to make the *Vital Link* a primary vehicle for sharing the knowledge. Please assist us in helping to propel the profession forward by getting involved at the committee or board levels, or by writing for CAND publications, such as the *Vital Link*. We welcome your comments and feedback. 🍂



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# NDAssist 3.0 – A Review

Dr. Mitchell Zeifman, ND

When I find something that makes my business and naturopathic practice easier, I hold onto it like a pit bull to its favourite chew toy. Six years ago I was introduced to a new naturopathic information database called NDAssist and my metaphorical tail started wagging like said canine chomping on a well-worn piece of rawhide.

**N**DAssist is the brainchild of naturopathic doctor Matthew Gowan. In 2005 he saw the potential of and need for creating a database for naturopathic doctors that catalogued the products and services from natural product suppliers and diagnostic testing laboratories. But he also envisioned much more; a customizable database that could house content relating to medical conditions, treatment modalities, clinical pearls and handouts, and secure patient information.

From its first iteration, NDAssist became an indispensable reference in my clinical life. As the catalogue quickly grew, I turned to my shelf of product catalogues less and less. When comprehensive botanical, TCM content was added, I utilized the program even more when devising formulae and treatment protocols. What always astounded me was the affordability of the product. For a mere \$20 one received at least ten times worth in content. The reason for the remarkable professional price is that the revenue stream is based on company investment to have their products listed.

To recap: makes my life easier, inexpensive, great content, customizable and updatable; it all makes for one happy ND. Thus, one might understand that sinking feeling that travelled from CV12 to CV4 when I heard that version 3.0 of NDAssist would be a complete overhaul of the original program and its content. Consider the uproar when Facebook changes its profile page setup and you'll understand where I'm coming from. With that in mind, let's take a look at the ins and outs of the new NDAssist v3.0, compare it to the old version and give

you a few reasons to rejoice, whether you're a newbie or a veteran.

First of all, the old version of NDAssist was a unique product for NDs; there has never been a database program specifically designed for naturopathic doctors that allows one to do a keyword search for products and lab tests plus access a wealth of modality and condition-specific information in one place. Version 3.0 improves the concept of the searchable database by opening all the categories to one search; every category is accessible at once and the program's search time has been considerably reduced.

For those not familiar with the setup, the original NDAssist was divided in to two main sections: one for products and lab tests and another for modalities and clinical information. These sections were further subdivided by tabs into their individual categories, such as acupuncture, botanicals, or supplements and lab tests. Each subdivision was searchable on its own, but not all subdivisions together. In the new version, all fields can be searched simultaneously. Rather than having multiple tabs, the results are displayed on a single page, and the user has the ability to filter categories on the left-hand side panel of the page. Not only does this create a more intuitive visual feel for the user, it also speeds up the entire search process significantly. Imagine you have a patient in your office with varicose veins. Type in "varicose" as the search term and you would come up with about 80 different supplements to choose from; narrow down your search by selecting from specific suppliers. Simultaneously, the search has brought up a handful of botanicals, two homeopathic remedies and clinical information about hemorrhoids and varicose veins. All of that by typing one word and waiting half a second.

Search results appear as a tabular list or as thumbnails organized by ranked relevancy, both of which are visible on the same page, side by side. It makes for a versatile, tailored search experience. Each specific entry can be clicked to open detailed information, while the search term and search results remain accessible on the

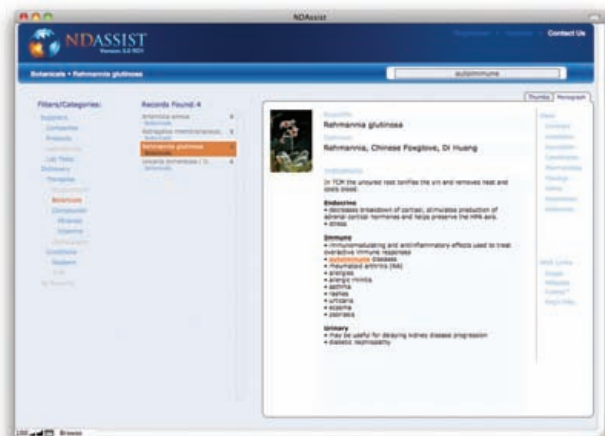
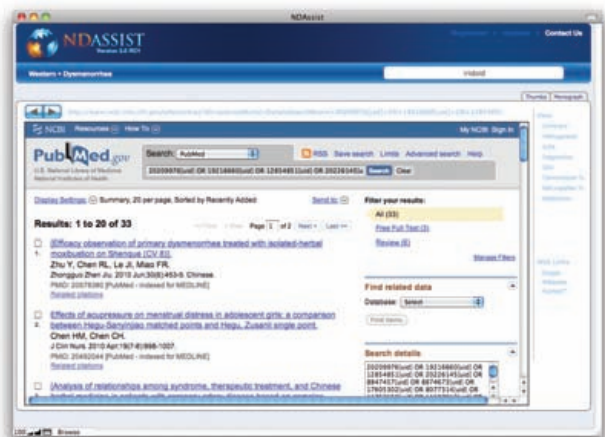


left-hand side of the page, ready for easy perusal. The detailed information for each product, modality, therapy and condition has been further subdivided into clickable categories that can be scanned all at once in the summary view or one at a time with the click of a category heading. Thus, the need for scrolling through an entire entry has been eliminated and you can quickly get to, for example, dosing information, with the tap of a finger.

Speed through organization has been emphasized in the new version, so that when a search is performed, categories that do not contain relevant information are grayed out and cannot be accessed. The same is true for the detailed content of individual products or medicinal monographs; categories that have no content are grayed to indicate this. Further, the information in the monographs is easier to scan because of the predominant use of point form, especially in the indications category. I find this layout much easier to use when I am rushing to select a product.

When looking at the content of the new version there is a lot to be happy about. The old version of NDAssist was, over the years of development, populated with much more content than simply product monographs and lab tests. Users obtained free access to a vast botanical materia medica, a complete Asian medicine-based condition index and acupuncture point reference, as well as some limited clinical condition information, treatment protocols and patient handouts. I found the botanical reference to be the most robust and practical of the content, while the conditions index and clinical pearls sections were accessed the least. In the new version, the content has a more uniform look that is well organized and easy to scan. The botanical monographs have been refined to point form for easy scanning and posology is now expressed in metric measures across the board. The Asian medicine content has lost the herbal reference found in the original NDAssist but continues to provide acupuncture point reference with visuals recognizable from the recent publication by Drs Neemez Kassam and Matthew Gowan. Also, a full TCM condition reference has been retained. New to version 3.0 is content in the homeopathy, vitamin and mineral categories, which, while not yet fully populated, will be expanded with future updates.

When it comes to updateable content, things are getting a whole lot easier with version 3.0 of NDAssist. Previously, with each new content update and entirely



	Version 2	Version 3
<b>Content:</b>		
Product catalogs	✓	✓
Laboratory tests	✓	✓
Botanicals	✓	✓
Acupuncture	✓	✓
Conditions		✓
Homeopathy		✓
Nutrients		✓
<b>Functionality:</b>		
Time saving	✓	✓
Personal record keeping	✓	✓
Web integration	✓	✓
Uni-table design		✓
Smart search		✓
Thumbnail display		✓
Search ranking		✓
Filters		✓
Quick reference dividers		✓
Automatic content updating		✓

new version of NDAssist had to be downloaded and installed. It made for a cumbersome process and less frequent updates. With the new version, new content is automatically updated into the program when it is available. That means you can receive up to the minute product line changes from suppliers. The NDAssist team has also assured me that their goal is to have product specials and pricing available through NDAssist, which would make life much easier (and you know I like that). Another wish would be to integrate ordering into the program, but I will save that one until my next birthday.

A great feature of the original NDAssist program that has been preserved and refined for the new version is online access to PubMed, Wikipedia, Google and other web-based information directly in the program web browser. This makes online referencing a simple click away, without having to open a separate web browser. Company websites are also accessible through the browser capabilities of the new NDAssist.

Visually, version 3.0 sports a sleek design that is appealing while retaining an intuitive organization. No longer does the user have to search among a variety of screens for content. Everything is categorized on a single page without being cluttered. Professional photographs and icons are appealing and recognizable without being visually overbearing. It all adds up to a pleasant and easy-to-use design that highlights content and guides the user intuitively.

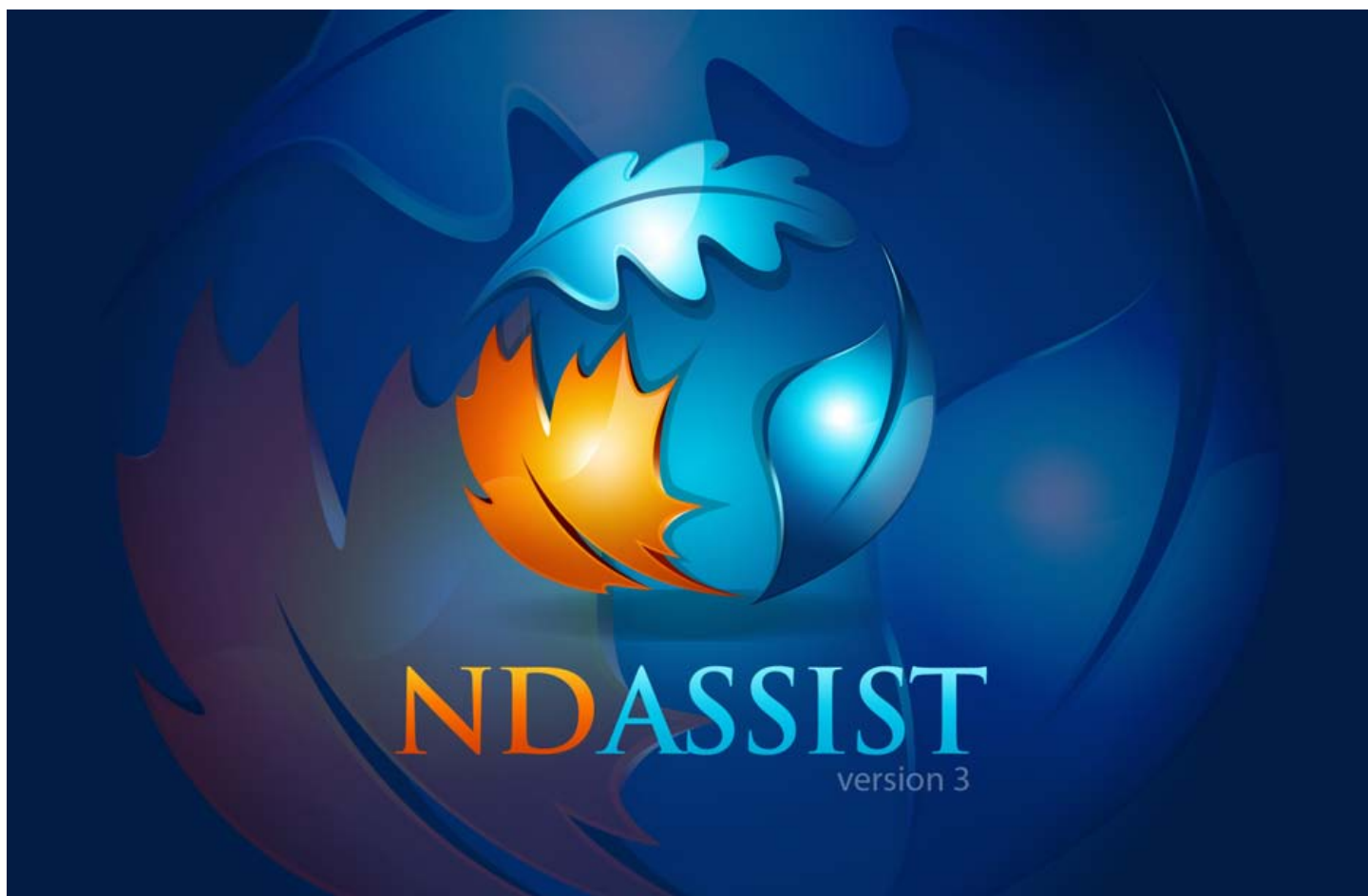
The beta test version of NDAssist I reviewed was missing the feature of adding and editing user-derived content. In the old version, one could add new entries into any of the modality and clinical subsections (not the commercial product content). So, in theory, one could populate the database with notes on conditions, medicines, clinical pearls, patient summaries and more. Such customization was a highlight when I was first introduced to the program. I never did end up entering much of my own data, but other users may have utilized this feature to a greater degree. The new version is capable of customization, but it is not currently enabled to the extent that it was in the old versions. I imagine that users who spent a significant amount of time entering this information into their databases would want to carry it forward in the new version. While that is not currently possible, it would be a good addition to the program. On the positive side, much of the new content eliminates the need to add one's own information.

For those of you who have been using NDAssist, I think you will find the new version an appealing and full-featured follow up. The interface is faster and easier to use, the content has greater breadth and is much easier to scan through, and the internal web-browsing capability completes a powerful stand-alone reference program. For new users, I can say that for a very reasonable price you can purchase an extremely functional program that you will continuously use in your practice. While there may be some product lines not currently represented in NDAssist, it currently houses product lines from over 70 separate suppliers and laboratories. And the constellation of clinical content surrounding the commercial core of this program elevates it to an almost indispensable tool. Personally, I don't ever want to go back to paging through product catalogues. 🍂

### About the Author

**Mitchell Zeifman, ND** is a graduate of the Canadian College of Naturopathic Medicine and has been practicing in Toronto since 2003. In addition to running a private practice in midtown Toronto, Dr. Zeifman is also a supervising naturopath at the Robert Schad Naturopathic Clinic, the teaching clinic at the Canadian College of Naturopathic Medicine, and an instructor/co-ordinator for the second year botanical medicine course at CCNM.

Dr. Zeifman treats a wide range of health concerns in his practice and has a specific interest in environmental medicine. He is also passionate about herbal medicine and uses herbs as one of his main treatment modalities.





# NATUROPATHIC MAY MEDICINE WEEK 9-15



A national initiative, Naturopathic Medicine Week (NMW) is facilitated by the regional naturopathic associations and schools. Our goals for NMW are to increase the public's awareness of the benefits of naturopathic medicine and drive new patients into ND clinics across Canada. NMW is an excellent opportunity for naturopathic doctors to plan community awareness events, such as presentations at local community venues and contributing articles to the local press. All NDs are encouraged to be creative with marketing and planning events. Sky's the limit!

Need some ideas or support? Contact your regional representative (see [www.cand.ca/index.php?id=246#2185](http://www.cand.ca/index.php?id=246#2185)). Easy to organize event ideas and support material, such as handouts, posters and PowerPoint presentations can be found on the "NMW tools" page in the CAND's Members Only website.

A variety of community-based promotions are being scheduled to heighten public awareness of NMW and direct the public to event listings on the provincial/CAND websites. Confirm your event details and contact your regional rep with the location, presentation date, time and topic. Your event details will be shared with the CAND and promoted on the CAND and provincial websites where applicable (see [www.cand.ca/index.php?id=nmw](http://www.cand.ca/index.php?id=nmw))

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# Four Corners: Updates on the Profession



## CAND

### Status of GST/HST Application

- Department of Finance continues its review of our application. Questions raised with respect to regulatory status for NDs in Alberta and Nova Scotia.
- Provided Department with additional information and will continue to report to members on the application's status.
- NDs should continue to charge GST/HST until advised otherwise.

### Federal Legislation

- Bill C-36, the Canada Consumer Product Safety Act received Royal Assent December 15, 2010. Clause 4(3) specifies that the Act does not relate to natural health products, which have their own set of regulations under the Food and Drugs Act.

### Natural Health Products

- Mr. Scott Sawler joined NHPD as Director General December 31, 2010. Mr Sawler brings with him an extensive background in regulatory affairs and holds degrees in both chemistry and law.
- The NHPD Program Advisory Committee (PAC) met in Ottawa January 10-11.
- CAND sits on PAC and Executive Director Shawn O'Reilly is Co-chair, along with Ron Rosenes of CTAC, of the Standards of Evidence (SoE) Working Group.
- Since the last meeting there has been a change at Health Products and Food Branch with the appointment of Mr. Paul Glover as Assistant Deputy Minister replacing Ms. Meena Ballantyne.
- As a result the NHPD has advised that response to the Standards of Evidence recommendations and guidance document on the implementation of the Compliance and Enforcement Policy are still in the approval process and scheduled for release in near future.

- CAND attended a meeting of the PAC in Ottawa at the end of March.

### Legislative Initiatives

- ND associations across the country are working with government on the development, finalization of and/or updating current legislation/regulation.
- Efforts ongoing in BC, AB SK, MB, ON, NS, NB, PEI, QC and even NWT, where three intrepid NDs have officially registered their association and engaged patients and other supporters in a letter-writing campaign to MLAs to garner support for regulation.
- During the month of March, the CAND attended meetings in Nova Scotia and Saskatchewan to assist the associations in their endeavours.

## Association of Accredited Naturopathic Medical Colleges (AANMC)

The mission of the AANMC, headquartered in Washington, DC, is to enhance the individual and collective success of member organizations in delivering high quality, innovative, and accessible naturopathic medical education and research. The ANNMC advocates for:

- An intellectually challenging, humane and holistic educational experience,
- Public awareness and institutional support of naturopathic medical education, and
- Naturopathic medical research, with a view toward demonstrating effectiveness.

AANMC currently has three major priorities directed towards achieving its goals. The Council of Chief Clinic Academic and Clinic Officers is finalizing learning outcomes for five naturopathic modalities and has initiated work on establishing faculty development programs. A joint marketing team, composed of representatives from all seven schools, continues to work collectively to build awareness of naturopathic medical education. Finally,

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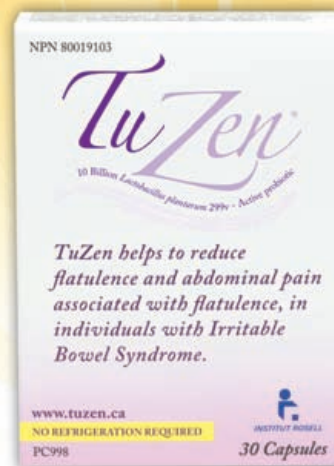
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**Mikhael Adams, B.Sc., N.D.** has been involved in the development and formulation of vitamin and mineral supplements for over 20 years. Mikhael lectures throughout North America on a variety of wellness related topics and is the co-founder of the Renascent Integral Health Centre.

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implementation of a centralized application service is underway, which will enable prospective students to submit applications to the schools online for the 2012 academic year.

AANMC membership includes representation from each of the schools, as well as the CAND and AANP. As a result, AANMC works closely with our two North American professional organizations, and collaborates on issues relating to state and provincial licensing/regulations and scope of practice issues. AANMC also maintains a regular presence on Capitol Hill and in the U.S. Department of Education, advocating for parity for naturopathic medical students.

### American Association of Naturopathic Physicians (AANP)

The AANP continues to grow in size and stature, and with the support of our membership is successfully building awareness of naturopathic medicine, providing tools to improve practitioner success, and advocating for increased access to naturopathic medicine across the country. On May 2 approximately 150 NDs and students will descend on Washington DC for our annual lobby day and reception. Every year more than two million people visit [www.naturopathic.org](http://www.naturopathic.org), and every month 35,000 people seek naturopathic care by using our on-line physician locator service. Our public relations campaign has resulted in media placements across the country increasing traffic to our website, which now ranks in the top 100,000 in the U.S. News coverage regarding licensing and expansion of scope of practice efforts recently went national with coverage in the New York Times.

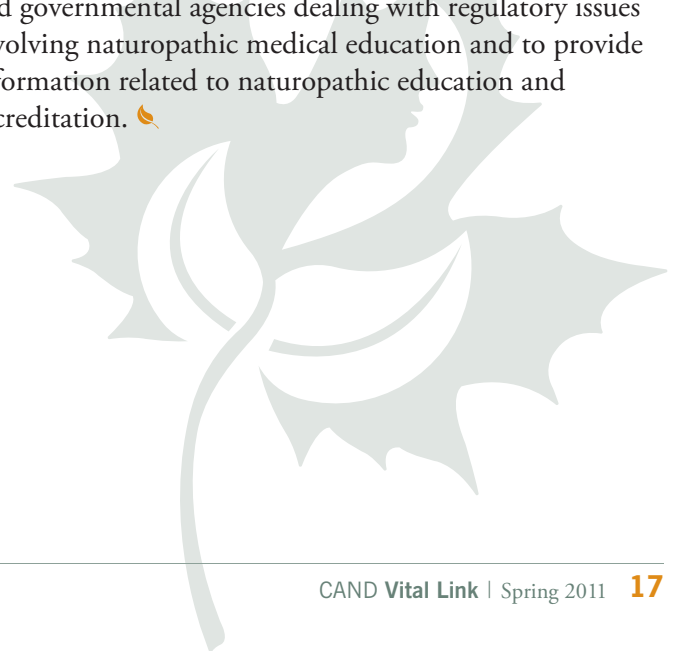
Efforts to support our newer graduates include the offering of new “Thrive Kits.” These thrive kits will contain clearinghouse information for discounted programs and consulting services; best practices information on CPT coding/billing, dispensary, and ethics to name a few; career services such as resume building, recruiting, career fairs, job banks; educational resources for NPLEX Part 1 and 2, and free membership upgrades for 4th year students who have passed their NPLEX.

The AANP is also expanding its continuing medical education presence. This year, in conjunction with our

Annual Meeting being held in Phoenix at the Arizona Biltmore, August 17-20, we are streaming live and taped video from the Biltmore to beautiful Stamford Marriott Hotel & Spa in Connecticut. The program will begin with an opening reception on Friday, August 19 and conclude on Sunday August 21. This year AANP will once again extend its member rates for both venues to members of the CAND.

### Council on Naturopathic Medical Education (CNME)

The Council on Naturopathic Medical Education (CNME) accredits naturopathic doctoral (ND) programs in Canada and the U.S., and graduation from a CNME-accredited or pre-accredited ND program is a requirement for taking the NPLEX exam and becoming licensed or regulated as a practitioner. Currently, the CNME accredits two programs in Canada and four in the U.S., and also pre-accredits one program in the U.S. The CNME is itself recognized by the U.S. Department of Education (USDE); the purpose of USDE recognition is to ensure the quality and integrity of the accreditation process. In December 2010, USDE reviewed the CNME for renewal of its recognition. Based on its review, the U.S. Department of Education renewed CNME’s recognition for five years—the longest time period allowed. Of eight accrediting agencies up for renewed recognition, CNME was the only agency judged to be in full compliance with USDE regulations. During 2011 – 2012, the CNME will be engaged in a number of projects to further improve its operations, including revising its *Handbook of Accreditation* and other publications. The CNME is available to assist naturopathic professional associations and governmental agencies dealing with regulatory issues involving naturopathic medical education and to provide information related to naturopathic education and accreditation. 🍂



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# Maintaining Ownership over Physical Medicine

Dr. Eric Posen, ND

This issue, which is devoted to the topic of posture, allows us to consider the way it is intertwined into the basic tenets of our profession. At its most rudimentary, it speaks to a bio-mechanical form of analysis that could lead us on to a variety of therapeutic interventions.

One of these, physical medicine, is a traditional modality that has been a part of naturopathic medicine since its inception, but it is also provocative in that it asks if we are going to retain and fully utilize it in our practices.

To analyze a patient's posture is not just a marking of their prominent anatomical landmarks against an ideal, for that gives us the beginning of a static impression. Rather it is one of the three major forms of human communication (the others being speech and tone) that we base our impression of "the other" upon. When confronted with a patient's stance we are also exposed to the nuances of their comfort and status. Are their extremities held in an open or closed presentation? What does the particular tilt and twist of their torso imply? What do they expose? What do they conceal? Within moments, can you as a physician truly see where their ultimate wound is?

A posture is a declaration of position and the capability of moving easily between a rigid and fluid somatic-emotional dynamic. It is the basis of how you start a conversation with a patient about their health and reasons for coming to see you. It is a monitor of the development of mutual trust and safety that develops in the therapeutic relationship and it reveals the progression of a disease state be it toward entropy or restoration.

As naturopathic physicians we are in an enviable position to hold within our legislative scopes the collected empirical experience of various traditional medical paradigms. We can move easily between therapeutics that dissolve stasis that manifest as limited movement, established pathology or acute inflammation and we can

nourish and tonify depleted systems through nutritional and energetic supports.

This is important because when we examine the basis of pathology we see a common tendency in human bodies and spirits. When we are exposed to stressors such as poisons, nutritional deficits, emotional heartaches, whiplash or genetically invoked abnormalities, we see that the normal ebb and flow of physiology is abruptly restricted. At that point cellular expansion and contraction retreats into prolonged compression. Fluids and related neuro-chemical messaging systems are then blocked. This results in a curtailing of molecular information through cell membranes, which ultimately leads to cell death. Multiple body systems are called into action to restore some semblance of physiological motion and if an adequate compensatory strategy is put in place a chronic condition arises with resultant signs and symptoms.

In other words, there is the development of a wound and the whole ecosystem of the body is forced to adapt to it. In the osteopathic model this is termed a "fixed fulcrum" and is the basis of all illness. In all therapies that use physical modalities, loss of motion is seen as a restriction of *élan vital* itself and when grouped in lists of symptom complexes, adds a heavy weight to overall disability and loss of use patterns.

Whenever we place our hands on a patient and ask, "Is this where it hurts?" we are palpating the extent of this wound and depending on our sensory and tactile skills we can deduce the breadth and scope of the above described pathological compression. Still, the doctor needs to keep in mind that every diagnosis, rooted in palpation and postural observation inevitably leads to the patient asking, "Can you do anything about this?" In answering this I would like to present the following case history.

James had originally come to see me for a chronic sinusitis & dysphagia that would plague him at various times of the day. First and foremost his sleep was interrupted with snoring, apnea, dry mouth and congested sinuses. Then during the day, in addition to the fatigue from the sleep loss, he would be perpetually clearing his throat to the constant annoyance of those around



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him at school and to himself. We worked through food allergens, functional nutrient deficiencies and supported his lymphatic and sinus drainage through acupuncture and neural therapy. At that point we were able to reduce his symptom complex by 50% and then his condition plateaued. Nothing else seemed capable of stimulating his body's ability to rid itself of such a focal irritation. Then on a monthly visit when he came in and happened to be complaining of a headache I examined him and found a subluxation and compression in his mid cervical spine. I adjusted him and asked that he come back the next month to keep monitoring his chronic problem. On his return I saw a different young man. A face with more colour and enthusiasm than I'd ever seen in him before. He related that since the last treatment his "problem was gone". No more sniffing, throat clearing or unrefreshing sleep.

What I'd just described is the perfect naturopathic case. One in which all of James' resources were supported and reset to do that which he had trouble doing on his own.

There is nothing special about this case as it is a regular occurrence in a naturopathic physician's office and it epitomizes the dictum of treating the 'whole person' by utilizing therapeutic interventions that are biochemical, energetic and biomechanical. Yet does it really exemplify an average naturopathic practice? We are comfortable and proficient in the biochemical demands of the body through evaluating the ability to take in nourishment and remove toxic burdens. Most of us use energetic based modalities to gently provoke innate self-regulatory mechanisms through such means as acupuncture, homeopathy and bio-electric feedback technologies. But how many of us use physical medicine to further support and restore a functional equilibrium?

When Benedict Lust in 1902 used the title 'Naturopathy' he included physical medicine and in particular manipulation as a foundation therapy. Three major schools (Western States College in Portland, Oregon, The National College of Drugless Practitioners in Chicago, Illinois and the Canadian Memorial Chiropractic College in Toronto) all had combined ND-DC programs.

Dr. Dave Scotten, ND, Dean of the Boucher Institute of Naturopathic Medicine, estimates that 50% of graduates use some form of physical therapy in their practices. This encompasses manipulation, prolotherapy and electrotherapeutics. The number reflects that at least half of current graduates feel comfortable in using direct physical therapies to provoke innate healing mechanisms.

The point though is what about the other half of the profession? As we have modalities in our scopes

of practice that were hard fought to be included and are taught in our schools, it is imperative that we are cognizant of their benefits and if possible, proficient in their application. The public's expectation of our service is based on our professional definitions and if we do not employ all aspects of our acts we will be doomed to lose them. There are constant pressures from other professions who wish to safeguard physical medicine under a restrictive covenant of their legislative acts. As such, we cannot afford to not continue, teach, train and become leaders in these sorts of modalities.

Samuel Johnston, The 18<sup>th</sup> century English essayist and lexicographer, said,

"As any action or posture long continued will distort and disfigure the limbs; so the mind likewise is crippled and contracted by perpetual application to the same set of ideas."<sup>1</sup>

The practice of sustained immobility, fixed stance and rigid thought suppresses all that is alive and inherently human. As all action is a manifestation of our will and our bodies are the vehicle of our desire then any restriction is the genesis of pathology. We need to support our patients in any way that they require to restore optimum health and we cannot be held back by our own fears in applying the therapies or prejudices regarding the use of physical medicine in that regard.

The author would like to thank Drs. Hal Brown and Dave Scotten in the preparation of this editorial. 🍁

### About the Author

Dr. Eric Posen received his Doctorate of Naturopathic Medicine from The Ontario College of Naturopathic Medicine in Toronto. He obtained his Doctorate of Chiropractic from The Canadian Memorial College of Chiropractic in Toronto and is also a registered acupuncturist in British Columbia.

He is a co-founder of Integrative Healing Arts in Vancouver, a multi disciplinary health care centre established in 1984. He is board certified in acupuncture, chelation, ozone, prolotherapy and pharmaceutical prescribing and has lectured internationally on the topics of osteopathic cranial manipulation, naturopathic medicine-based healing and the prevention of cognitive decline.

1. *Rambler* #173 (November 12, 1751)



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# The Backbone of Good Health

Dr. Iva Lloyd, RPP, ND and Natalie McCulloch, H.BKin, ND (cand.)

Posture is the alignment of body parts in relation to one another at any given moment. It is the distribution of body mass in relation to gravity over a base of support.<sup>1</sup> It requires the interaction among bones, muscles, connective tissue, joints and neurons, and is essential to overall well-being.

Improper posture is often accepted as the norm in our society and as a result, is often overlooked as a causal factor of disease. This article looks at some of the reasons why addressing postural concerns need to become part of every naturopathic assessment.

## Factors Affecting Posture

Postural alignment is continuously impacted by gravitational forces. As postural balance decays, gravitational forces exert a greater effect on alignment.<sup>1</sup> Maintaining a neutral posture and resisting the impact of gravity is a delicate balance that must occur between skeletal and muscular systems. There are inevitably many factors that trigger postural decay and dysfunction including:

**Use It or Lose It:** There are five postural positions that are common across different cultures: the full (flat-footed) squat, the low kneel, the high kneel, the cross-legged and the long-legged posture. In Western society most adults have lost the ability to comfortably perform most, or all, of these positions, due to the fact that the body adapts to its environment – its Western seated posture environment.<sup>2</sup> When joints, such as the hip, the knee, the shoulder, and the cervical spine, are not used through their full range of motion, they are more likely to develop degenerative changes.<sup>3</sup>

**Sitting:** Sitting too far forward in a chair creates excessive lordosis of the lumbar spine; while sitting in a slumped position creates a faulty head and neck position.<sup>4</sup> Good

seated posture begins with a chair height that allows the feet to be rested comfortably on the floor. Hips and knees should be at a 90 degree angle relative to the back of the chair, and the base of the chair should incline approximately 10 degrees.<sup>4</sup> Arm rests should allow the arms to rest comfortably along the side of the body. If they are too high this creates extra strain in the neck.

**Standing:** If a significant amount of time is spent standing, postural muscles can fatigue leading to faulty alignment; this can be minimized by shifting body weight from one leg to the next. The way that many individuals stand with their weight on one hip, torso twisted, feet position out of alignment and slouched, results in a wide-range of postural imbalances. In a neutral standing position, in the ideal posture, the chin and chest are lifted, the head is centred over the shoulders, and the hips are neutral, the knees are slightly bent, and the feet are placed slightly wider than the hips and are stable on the floor.

**Carrying Load:** Carrying a backpack, purse or briefcase puts additional stress on the spine and can alter posture and increase postural sway. In order to avoid stress on the spine, a backpack should be carried high in the thoracic region of the back. When a backpack is carried near the low back, the upper spine is forced into flexion, leading to postural dysfunction.<sup>5</sup> Carrying a purse or single strap briefcase leads to a change in the body's centre of pressure which affects neural control of posture. Oversized bags and purses can also put a lot of stress in the neck, back and shoulders.<sup>6</sup> A carrying load should not exceed 10% of an individual's weight, and straps should be bilateral.

**Nutrition:** The structure and alignment of the body, especially in children, is dependent on proper nutrition.<sup>4</sup> Diets high in acidic foods cause the body to leach calcium from the bones to help buffer the acidic environment inside the body. Diets low in alkalizing foods inhibit the body's ability to neutralize an acidic environment. Deficiencies, especially in vitamin D and calcium, can have an adverse impact on the development of the skeletal system. It is also important to recognize that in all ages

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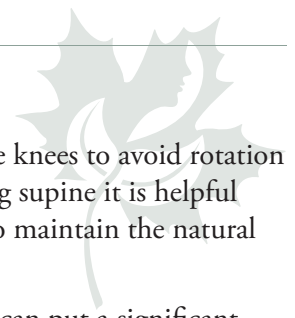


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a decrease in bone density is often not a reflection of calcium intake, but a result of the calcium in the bones being leached out to ensure that the blood's pH stays within an acceptable range. In order to ensure optimal muscular skeletal structure and posture it is important that the diet contain the all required nutrients, especially calcium and vitamin D.

**Clothes:** Tight and restricting clothing can alter posture, by restricting the body's normal movements. Large belts and tight fitting bras hinder breathing capacity. Clothing influences body alignment and posture due to somatosensory feedback. Certain clothing, notably low-rise jeans, can cause a variation in somatosensory information resulting in subsequent postural adaptations.<sup>7</sup> Choose loose fitting, comfortable clothing that allows movement of the chest with inhalation and free movement of the body throughout the day.

**Shoes:** The feet are the body's base of support and proper alignment of the spine begins with appropriate shoes. High heels change the distribution of body weight shifting it forward.<sup>4</sup> The foot is forced into plantar flexion shifting body weight to the ball of the foot. The amount of weight directed to the forefoot is directly related to the height of the heel.<sup>4</sup> Changing the weight distribution over the feet alters the shock absorbing qualities of the S-curves in the spine and causes the rest of the body to compensate in order to maintain balance. This alteration in shock absorption puts additional stress on the musculature leading to pain and discomfort over time. Shoes that are too large have been linked to a significant increase in ankle pain.<sup>8</sup> Shoes that are too small can cause foot pain, can affect alignment and development of the toes and feet. Choose shoes that are the correct size and that provide proper arch support.

**Accidents and Injuries:** Accidents and injuries can result in acute or chronic musculoskeletal pain and discomfort. This forces the body to find compensatory ways of functioning. Faulty posture and abnormal spinal curves can increase the risk of suffering an accident or injury.<sup>9</sup> Whiplash, an injury in which the neck is forcefully thrown into hyperextension, followed immediately by hyperflexion of the neck, leads to mild to severe discomfort and pain<sup>4</sup> and postural changes.<sup>10</sup>

**Sleeping:** the individual spends one third of their lives sleeping, yet does not practice good ergonomics during this time. Good sleep posture keeps the spine in its natural alignment. For example, in a side lying position it is

helpful to put a pillow between the knees to avoid rotation at the lumbar spine. When sleeping supine it is helpful to keep a pillow under the knees to maintain the natural S-curve of the spine.

**Computer work:** Computer work can put a significant amount of stress in the neck and shoulders, and contribute to a rounded shoulder position, collapsing the anterior chest. While typing, the wrists should be neutral or slightly flexed downward, and the shoulders back in a neutral position.<sup>11</sup> One of the most commonsense approaches to minimizing cumulative micro-trauma on the musculoskeletal system due to prolonged time at a computer is to incorporate workstations that can be accessed by standing or sitting and to vary the types of activities done at a workstation throughout the day.<sup>2</sup> Short breaks, moving into different postures, or stretching are also recommended every 20 to 30 minutes to minimize the cumulative trauma of a sustained posture or task.<sup>2</sup>

**Psychological factors:** Several psychological factors affect posture. Self-esteem and confidence are typically portrayed in good posture with someone holding their head high.<sup>12</sup> A young child who grows quickly may develop rounded shoulders, associated with low self-esteem or a lack of confidence about their size or stature. If feeling overwhelmed, sad or stressed, it is common for the shoulders to round forward.

**Excess weight:** Excess abdominal weight creates an exaggerated lumbar lordosis. If the abdominal muscles are weak and cannot compensate for this change it can lead to further postural dysfunction. Causes and resulting conditions of adolescent obesity often continue into adulthood. These conditions include metabolic syndrome, hormonal alterations, respiratory problems, asthma and abnormal body posture.<sup>19</sup>

**Age:** Postural changes occur as the body ages. Children have much greater mobility and flexibility than adults, leading to slightly different postural alignment. In infancy, there is an imbalance between the anterior and posterior muscles of the trunk and back which allows the infant to lift their head. Children have flat feet until the age of 6 or 7, at which time the bones of the foot, as well as ligaments and muscles mature. Children also tend to stand with their feet far apart and have a slight bend at the hips to maintain balance. Hyperextension of the knees and knock knees are also typical due to the increased mobility and flexibility of the supporting ligamentous structures. Children typically show a weakness in the upper back





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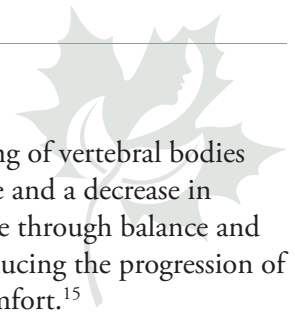
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with the shoulder blades being quite prominent. At approximately nine years of age there is a tendency for an increased lumbar lordosis. Children also tend to have a protruding abdomen. At approximately 10 to 12 years of age the waistline becomes relatively small and the abdomen no longer protrudes.

Aging involves a dynamic interaction between environmental factors and biological systems. As aging occurs, postural transformations include a more pronounced forward head position, an increase in thoracic kyphosis and a loss of the normal lumbar lordosis. All of these changes results in the forces of gravity within the body to shift.<sup>2</sup> This can cause changes in balance and create difficulties in shifting weight, such as rising from a chair and walking on unsteady ground.

### Results of Postural Dysfunction

Postural changes are a contributing factor to many diseases, and diseases in turn, lead to postural changes. As compensation occurs due to overuse, misuse and disuse, muscles become overworked, shortened and restricted, with others becoming strained and weak. As a result, body-wide postural changes take place.<sup>13</sup> Postural imbalances result in changes to fascia, circulation, nervous system, muscle and organ alignment and function. Some of the conditions directly associated with postural dysfunction include:

**Discomfort and pain:** Discomfort is often the first sign of poor posture and is a result of additional stress on muscle, ligaments, joints and cartilage. Pain is often the result of poor posture that eventually causes anatomical changes, potentially causing constriction of blood vessels and nerves.<sup>14, 15</sup> Low back pain, degenerative joint disease, trigger point pain, TMJ, as well as any joint pain, is often caused by or aggravated through poor posture.

**Headaches:** Improper alignment causes impingements within the spine, compressing blood flow to the brain, resulting in pain. Headaches can also be a result of active trigger points in the neck muscles from a forward head position contributing to faulty neck alignment.<sup>17</sup>

**Osteoporosis:** Compression fractures are common with osteoporosis, and typically result in a wedging of two of the thoracic vertebrae, creating excessive thoracic kyphosis.

Osteoporosis also leads to collapsing of vertebral bodies resulting in a decrease in disc space and a decrease in height. Maintaining proper posture through balance and strength exercises is effective in reducing the progression of osteoporosis and the related discomfort.<sup>15</sup>

**Respiratory problems** are often associated with rounded shoulders and forward flexion of the upper body. Over time this leads to shortening and tightening of the anterior chest wall muscles and the diaphragm making breathing more difficult. Enlarged tonsils, adenoids, and chronic respiratory problems have been associated with the compensatory adaptations of natural head posture in children. Adults with obstructive sleep apnea also tend to exhibit a craniocervical extension with a forward head posture.<sup>16</sup> Addressing cervical and upper thoracic alignment will often help alleviate the occurrence and discomfort of respiratory problems.

**Other results of a 'slumped posture' may include<sup>2</sup>:**

- Displacement of the heart, resulting in traction on the aorta and stress on the nerve structures.
- Venous stasis below the diaphragm leading to the development of varicose veins and haemorrhoids.
- The stomach becomes crowded and tilted, affecting its efficiency mechanically, causing stretching of the esophagus, abdominal ptosis, hiatal hernia, dyspepsia and constipation.
- The pancreas being mechanically affected, interfering with its circulation and possibly function.
- The liver being tilted backwards, inversion and depression of the bladder, altered support of the kidneys and a mechanically crowded and depressed colon and intestines leading to decreased functionality.
- Prostatic hypertrophy due to circulatory dysfunction and increased pressure.
- Increased muscular tension leading to a drain on energy, resulting in fatigue aggravated by inefficient oxygen intake and poor elimination of wastes.
- Spinal restriction becoming chronic and postural joints becoming stressed, leading to spinal, hip, knee and foot dysfunction and increasing wear and tear.

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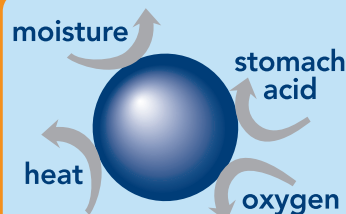
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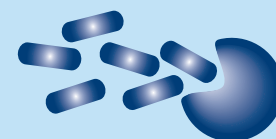


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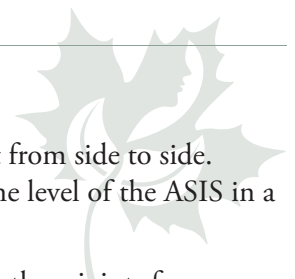
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## Assessing Posture

In order to evaluate posture, observation, palpation and specific assessments are needed. The observation involves checking key points and aspects of alignment and balance, with a patient static and active, standing, walking, sitting and reclining.<sup>2</sup> A thorough assessment of posture involves evaluating the alignment of the body, overall flexibility, muscle length and muscle strength.

### Alignment<sup>4</sup>

**Head and neck:** the ideal position for the head and neck is one in which the head is well-balanced and supported with a minimal amount of muscular effort. Note: when a person is first working on correcting their posture they may find that it takes effort. From the side view plumb line, the line should intersect through the ear canal and there should be a slight anterior curvature to the cervical spine.

**Upper back:** alignment of the upper back is maintained by the lumbar spine and the pelvis and should have a minimal curve in the posterior direction. If there is excessive lordosis of the lumbar spine, the thoracic spine will compensate and take on a more flat back appearance straightening out the thoracic spine.

**Chest:** the chest position should be up and slightly forward. This is somewhere between full inspiration and forced expiration.

**Abdomen:** In adults the abdomen should be flat, however in children younger than 10 years-old it is normal for the abdomen to protrude slightly.

**Shoulders and arms:** In a neutral posture the scapulas should lie flat on the back between the 2<sup>nd</sup> and 7<sup>th</sup> thoracic vertebrae, and the scapulas should sit approximately four inches apart. When examining from the side view plumb line, the line should intersect the glenohumeral joint. The arms should lie beside the trunk with a slight bend in the elbow and palms facing the body.

**Pelvis and low back:** a neutral pelvis occurs when there is balance between each anterior superior iliac spine (ASIS). The ASIS should be in the same horizontal plane and pointing forward. When there is a neutral pelvis there is a natural lordotic curve and neutral lumbar spine. When looking at the side view plumb line, the line should intersect just posterior to the acetabulum. Using just the side view does not give sufficient information about the

position of the pelvis as it can shift from side to side. Therefore it is important to note the level of the ASIS in a horizontal plane as well.

**Hips and Knees:** When evaluating these joints from side view the line should pass slightly posterior to the centre of the hip joint and slightly anterior to the centre of the patella. There should be even weight distribution between the left and right sides and kneecaps should point anteriorly.

**Ankles:** In side view the plumb line should intersect slightly anterior to the lateral malleolus and through the apex of the arch. In a neutral position when the knee is straight, the ankle is held at 10 degrees of dorsiflexion (decreasing the angle between the top of the foot and the shin). This angle is greatly decreased when heel height is altered through footwear.

**Feet and toes:** In a neutral position the feet should be separated approximately three inches (7.6 cm) and the feet turning outward about eight degrees from each other and toes straight.

For flexibility and muscle length, assess forward bending, arm overhead elevation, hip flexor flexibility, trunk extension and trunk lateral flexion. Another component of a postural assessment is muscle strength testing. A thorough evaluation of the upper, lower and oblique abdominals is essential, as well as, evaluation of the lateral trunk flexors, back extensors, middle and lower trapezius muscles, serratus anterior, gluteus medius, gluteus maximus, hamstrings, hip flexors, soleus and toe flexors.

## Treatment Approaches

Like many aspects of naturopathic medicine, it is difficult, if not impossible, to outline specific treatment recommendations, as they will follow from the assessment and the diagnosis. With posture, the goal is to ensure that it is included in the assessment process. From a treatment perspective, often the challenge is communicating to patients the importance of posture and the need to address postural issues. Postural changes take personal work and time. For many patients it is about learning a whole new way of standing and sitting. It involves a new level of awareness of their physical body and how it changes in different situations.

In general, there are several approaches used to help correct faulty posture, including: awareness, behavioural



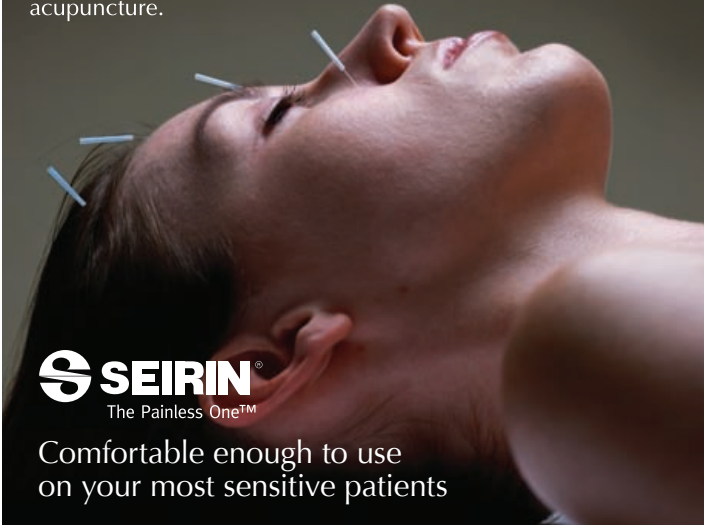


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changes and movement exercises. The main tasks of bodywork and exercise are to normalize postural imbalances, release and stretch whatever muscle is over-short and tight and to encourage tone in those muscles that have been inhibited and weakened.<sup>18</sup> Achieving proper posture can take time, often years and hence, can also require a lot of patience. 🐢

## About the Authors

**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 chief naturopathic editor of the *Vital Link* and is Past-Chair of the board of the Canadian Association of Naturopathic Doctors. Visit Dr. Lloyd at [www.naturopathicfoundations.ca](http://www.naturopathicfoundations.ca) or follow her at <http://blog.naturopathicfoundations.ca>

**Natalie McCulloch** is currently completing her 4<sup>th</sup> year of study at the Canadian College of Naturopathic Medicine where she is interning at the Robert Schad Naturopathic Clinic. Prior to studying at the Canadian College of Naturopathic Medicine, she completed a four-year undergraduate degree in Kinesiology from McMaster University. She has a keen interest in pediatrics, women's health and environmental medicine. She is committed to continuing education and while finishing her 4<sup>th</sup> year she is also completing Walter Crinnion's certification course in environmental medicine. She is excited to graduate in the spring and is exploring opportunities in her fields of interest. Natalie can be reached at [nmcculloch@ndnet.ccnm.edu](mailto:nmcculloch@ndnet.ccnm.edu)

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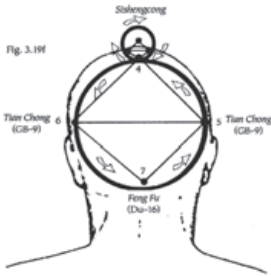
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# Posture as a Key Health Determinant

Dr. Nick Buratovich, NMD

Through evolution, human beings have assumed an upright or bipedal posture. The advantage of an erect posture is that it enables the hands to be free and the eyes to be farther from the ground so that the individual can see farther ahead. The disadvantages include an increased strain on the spine and lower limbs and comparative difficulties in respiration and transport of blood to the brain.<sup>1</sup>

The importance of posture to structural physical health and emotional health is an important key health determinant. It is quite common to hear the comments of 'stand up straight' or 'stop slouching'. Posture may communicate nonverbal body language and mental attitude. A person with good posture can create an aura of self confidence reflecting self-esteem while a person with poor posture gives off the opposite impression.

The causes of faulty posture may be divided into two categories: structural and functional. Structural causes are basically permanent anatomical deformities that may not be amenable to correction by conservative treatments. This paper will primarily discuss functional causes and interventions.

Normal or correct posture is the ideal balanced position the body assumes to counteract the force of gravity. It has effects on health whenever we stand, walk, sit, or lay down. It is the position in which minimum stress is applied to each joint. Proper posture allows for correct articular alignment which decreases stress on the soft tissues including muscles, fascia, tendons and ligaments. This minimizes osteo arthritic tendencies and strain/sprain overuse problems. It also may prevent fatigue because muscles are being used more efficiently allowing the body to use less energy. Abnormal or poor posture occurs when our body isn't receiving proper support in its relationship to gravity. Certain health problems that are frequently reported in association with abnormal

postures include neck and back pain, tension headaches, overuse syndromes, easy fatigability, decreased physical performance and a decreased healing capacity after injury.<sup>2</sup> If a person has strong flexible muscles, faulty postures may not affect the joints but if the joints are stiff or too mobile, or the muscles are weak, the posture cannot be easily altered and pathology and dysfunction may be the result.

Maintaining a balanced posture depends on three factors; the skeleton and joints, the musculoskeletal soft tissues and the reflex messages from the brain to the body. The integrative pattern of posture is predominantly automatic and unconscious, resulting from the continuous shifting of weight which is known as postural sway. An individual's posture is further mediated by the visual, labyrinthine, neck-righting reflexes, and by the interplay of joint reflexes. While the control of posture is primarily governed by various reflex mechanisms, there is also extensive input from the higher centers of the nervous system. Therefore, to some extent, posture can be relearned or corrected just as it was learned in the first place.

The most common postural problem is poor postural habit; that is, for whatever reason, the patient does not maintain a correct posture. Maintenance of correct posture requires muscles that are strong, flexible, and easily adaptable to positional change. These muscles must continually work against gravity and in balance with one another to maintain an upright posture.

Many nonstructural or functional postural faults are easy to correct after the problem has been identified. The treatment involves strengthening weak muscles, stretching tight structures, and teaching a patient that it is his or her responsibility to maintain a correct upright posture in standing, gait, sitting, lying and other activities of daily living.<sup>1</sup>

As emotions can be expressed or repressed through body positions various postures may be a reflection of an internal emotional condition of distress.<sup>3,4</sup> This may be seen in somatization. Somatization occurs when stressors in the patient's life lead to powerful physical symptoms.<sup>5</sup>



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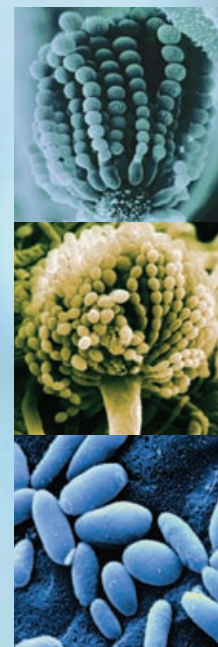
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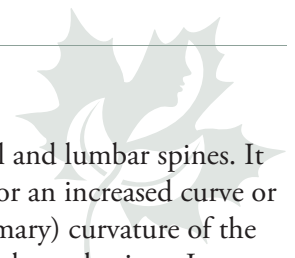
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These psycho-emotional stresses are typically suppressed or repressed feelings. In children, a common cause of poor posture is not wanting to appear taller than their peers. As a result, the child may slouch. Taking into consideration the naturopathic principles of 'find and treat the cause' and 'treat the whole person' the discovery and differentiation of a physical or emotional cause must be determined. If the cause is one of emotional repression, then expressive manipulation may be helpful. Expressive manipulation is not limited by anatomical boundaries but involves the abstract world of the imagination, emotions, thoughts and full-life experience of the individual. It is not just a peripheral event involving a patch of skin, a joint here and there, a group of muscles, but a potential catalyst for remote psychological responses including changes in perception of body image, behavioral changes, alterations in muscle tone, the facilitation of healing processes and of self-regulation. Expressive manipulation, which forms a communication link with the patient, aims to stimulate whole-person well-being and healing.<sup>6</sup>

Muscle imbalance and muscle contracture are other causes of poor posture. Pain may also cause poor posture leading to an antalgic position. Respiratory conditions (e.g., emphysema), general weakness, excess weight, loss of proprioception, or muscle spasms may also lead to poor posture.<sup>1</sup>

It must be remembered that it is unusual for a patient to present with just a postural problem. The symptoms produced by the underlying condition are usually causing the postural abnormality that initiates the office visit. Therefore on an initial visit a complete history must be taken. By listening to the patient, the physician can often better comprehend the presenting problem. Observation is the primary method of assessing posture and should be included in every assessment.

An underlying principle in manual medicine that demonstrates the importance of posture as a key health determinant is that structure governs function. Structure refers to correct osseous and articular alignment including muscle and fascial balance facilitating neurological integrity. Proper structure contributes to the functionality of metabolic homeostasis through reflex arcs, musculoskeletal efficiency of movement in space including gait and supports the body's adaptive self regulatory mechanism. This exemplifies the naturopathic principle of stimulating the *vis medicatrix naturae* (the healing power of nature).

The common spinal curves include; lordosis and kyphosis. Lordosis is an anterior (secondary) curvature of

the spine and is seen in the cervical and lumbar spines. It may be a decreased curve or hypo or an increased curve or hyper. Kyphosis is a posterior (primary) curvature of the spine and is seen in the thoracic and sacral spines. It may be hypo or hyper. Normal kyphotic and lordotic curves are stabilizing to the spine. Scoliosis is a lateral curvature of the spine and is de-stabilizing to the support function of the spine. Scoliosis may be structural or functional. Functional scoliosis may be caused by postural problems, inflammation, muscle imbalances, or compensation caused by leg length discrepancy. Structural scoliosis primarily involves bony deformity, which may be congenital or acquired through trauma. The differentiation of functional scoliosis from structural scoliosis is through the orthopedic test, Adams' Sign or position.<sup>7</sup> In this orthopedic test the patient bends forward at the waist and the examiner looks at any asymmetry of the rib cage which is caused by the presence of scoliosis.

The evaluation of a patient's body position in a standing position is accomplished through observation and the use of a plumb line. The patient is asked to stand in a naturally relaxed position with the feet about shoulder distance apart and is observed in four different positions (anterior, right and left lateral and posterior). The plumb line is primarily used in the lateral position and is initially set starting from the ground, up from the feet to the head.<sup>8</sup> The plumb line goes through the external auditory meatus, through the cervical vertebrae, the shoulder joint, the bodies of the lumbar spine, the greater trochanter, anterior to the knee joint and anterior to the lateral malleolus. The observation is also used to evaluate any head tilt or rotation, high shoulder, winged scapula, the symmetry of the upper extremities, spinal column and pelvis, the position of the lower extremities and the arches of the feet.

Common postural imbalances of the spine in an upright position include the kyphotic-lordotic posture, flat back posture and the swayback posture. The kyphotic-lordotic posture is characterized by an increase in lumbar lordosis that is accompanied by an anterior pelvic tilt and hip flexor muscular tightness. The abdominal muscles and hamstring muscles are typically found to be weak in this posture.<sup>9</sup> The flat back posture is characterized by a decreased lumbosacral angle and lumbar lordosis and a posterior pelvic tilt. Muscle imbalances observed include tightness of the rectus abdominis, hamstrings and hip extensor muscles as well as stretched and weak lumbar extensor and hip flexor muscles.<sup>9</sup> The swayback posture is characterized by posterior pelvic rotation, forward hip





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displacement, a flattened lower lumbar spine, increased thoracic kyphosis and is often accompanied by a forward head carriage. This posture is a relaxed one and causes stress to the iliofemoral ligaments (also known as the 'Y' ligament of Bigelow). The cause of this posture may derive from muscle weakness and may also relate to an emotional attitude of defeat.<sup>9</sup>

Postural malalignment results in stretching of soft tissue on one side of the joint with concomitant shortening of soft tissues on the other side of the joint. Muscles that are habitually kept in a shortened position tend to lose their elasticity, test strongly in the shortened position and become weak as they are lengthened in what is known as tight weakness.<sup>10</sup> In contrast, stretch weakness refers to muscles that weaken because they are habitually kept in a stretched position beyond the physiologic resting position.<sup>11</sup> Therefore, a key in treatment is to develop correct muscle balance with proper tone along with proper joint mobility. This can be accomplished by postural self-awareness including therapy for emotional issues, exercise including stretching, body work (The Alexander Technique and Yoga are particularly helpful), manipulation and supportive measures including orthopedic devices and foot orthotics.

The foundation for postural balance in an upright position is the feet. They provide the necessary stability to perform daily upright activities. The feet are the base for the kinetic chain which extends from the feet through the ankle, tibia, knee, femur, hip joint, pelvis and spine. The kinetic chain depends upon the balance of body alignment and muscle restraining activity at each joint against gravitational pull. Central to the success of the pedal foundation is its arched structure, which is a complex of three bony arches: the medial longitudinal arch, the lateral longitudinal arch and the anterior transverse (metatarsal) arch. The most obvious arch is seen along the medial aspect of the foot. The navicular bone forms the 'keystone' of this large and long arch, which is supported primarily by the plantar fascia and the spring ligament.<sup>12</sup>

The most common distortion of the foot is excessive pronation. According to a recent Belgian study 95% of the population has excessive pronation. Nearly all excessive pronation is bilateral and asymmetrical. This excessive pronation pattern leads to several other global postural distortions which are commonly found together. They are pelvic tilting, an anterior translation of the pelvis and an anterior head carriage. Excessive pronation is the beginning of serial distortions that may extend all the way up the spine to the occiput and cranial bones.

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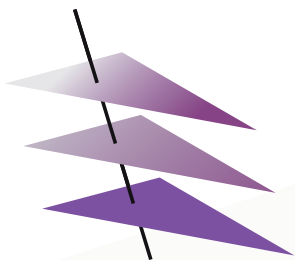
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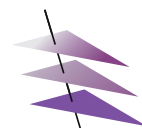
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A correlation exists between abnormal foot pronation and the development of scoliosis curves.<sup>13</sup> It is noted that for every inch of anterior translation of the head (forward head carriage) there is a 10-fold increase in muscular effort on the part of the cervical spine's supporting muscles. This may represent an additional 15-30 pounds of tension on the supporting neck muscles, which results in neck tension and pain from the constant firing of the neck extensor muscle group and the suboccipital muscles.<sup>13</sup> Excess pronation also often leads to common foot problems such as flat feet (*pes planus*), ball of the foot pain (metatarsalgia), heel pain (*plantar fasciitis*) and Achilles pain (Achilles tendonitis). There is also a medial, or valgus, stress applied to the knee joint as a result of excessive pronation.

The structural design of the three-arched plantar vault is designed to support weight and carry high weight loads while remaining flexible. During normal standing, the load of the body is balanced over the center of the foot, anterior to the ankle. This places the greatest amount of load at the apex of the three arches. This force is then distributed along the 'buttresses' of the arches to the heel (which bears 50 – 60 percent of body weight) and the metatarsal heads (which bear 40 – 50 percent). During normal gait, the foot undergoes substantial changes. The arches and connective tissues must sustain the stress of heel strike, then adapt to the ground during the stance phase, and finally become a rigid lever to provide an efficient push-off. The foot must permit a smooth transfer of the body's center of mass over the leg to conserve energy and keep the work expenditure to a minimum.<sup>15</sup>

Collapse or dysfunction of any of the three arches needs to be addressed with stabilizing orthotics that will support the patient's foot both during standing (static support) and throughout the gait cycle (dynamic support), while controlling the impact forces. There are differing opinions whether orthotics should be flexible, semi-rigid, or rigid, custom casted in a weight-bearing or a non-weight bearing position or simply prefabricated. It is this author's preference that orthotics be custom casted in a weight bearing position providing flexible to semi-rigid support. This provides individualized support depending on the degree of excessive pronation and patient weight while allowing for functional movement of all three arches of the foot. If cost is a significant consideration then prefabricated inserts may be acceptable.

If the feet are the foundation for the standing posture then the ischial tuberosities are the foundation for the seated posture. Since the Industrial Revolution there

has been a transition to a sedentary lifestyle including being seated at work or at school to the point where many individuals can be considered perpetual sitters. In the workplace posture as a determinant for health has lead to the science of ergonomics. The term ergonomics is derived from two Greek words: '*erg*', meaning work, and '*nomoi*', meaning natural laws. Ergonomics can be summarized as the study and practice of neutral posture during activities of daily living. In other words, the job of ergonomists is to analyze work environments and to make recommendations that will facilitate postures that follow the laws of physics and body mechanics. If the recommendations are followed there will be reduced strain and wear and tear on the body.

Back pain is the most common cause of 'work-related' disability in both the United States and Canada. It is largely attributed to poor sitting postures throughout the entire day according to the Radiological Society of North America.<sup>16</sup> Individuals who sit too long at work, at school and at home are at high risk for back pain. A recent small study of 22 healthy volunteers with no history of back pain or surgery determined through the use of MRIs that a 135 degree angle between the body and thighs may be the best position, which differs from the 90 degree posture that is most often illustrated in educational pieces.<sup>16</sup> The 135 degree posture showed the least disc movement in the lumbar spine although the study did not take into consideration neck strain.

Upright sitting at a desk is a very common posture. Many individuals will lean forward to read. The proper way to lean forward is at the hips not at the waist. That being said most people probably lean forward at the waist which puts compression on the organs of the thoraco-abdominal cavity, which includes the heart, the lungs and the organs of digestion and elimination. In his book, *The Posture Theory*, M.A. Banfield describes various angles of pressure that are derived from this leaning forward posture.<sup>17</sup> When a person slouches or slump's forward in a seated posture this creates what he refers to as a stoop angle. When a person leans forward an extra distance to get the eyes close enough to a page so that the text can be read and back again this is called the angle of oscillation. The greater the composite degrees of the stoop angle and the angle of oscillation are the more pressure is applied to the organs. In addition to the multiple musculoskeletal reactions of stress and strain (pain) this pressure may distort the sinus cavities and lead to nasal congestion and may affect jaw alignment through clenching of the teeth. It can cause voice problems and



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may lead to shallow breathing which can lead to fatigue and lung infections. This compression can also impede the flow of blood from the feet to the heart and through the chest to the brain and cause difficulty concentrating, or thinking and faintness and fatigue and may cause palpitations. With the circulatory compromise the kidneys and adrenals may be affected contributing to hypertension, poor adaptation to stress and urinary infections. Reflux of stomach acid may be contributed to causing symptoms of heartburn and can put pressure on the organs of digestion and elimination leading to digestive difficulties, indigestion and irregularity.

### Key Facts:

- Posture is related to physical and emotional circumstances
- Correct posture is the ideal balanced position your body assumes to counteract gravity
- Posture is composed of upright (walking), seated, and laying down positions
- Posture depends on the skeleton and joints, the soft tissues, and messages from the brain
- Posture is typically learned and habituated
- Posture exemplifies structure governs function
- Postural treatment starts with self-awareness and may include counseling, body work, exercise, manipulation and orthopedic devices
- Postural symptoms may include musculoskeletal as well as organ expressions
- Postural treatment exemplifies the principles of naturopathic medicine

Other recommendations for proper sitting posture are to distribute body weight evenly on both hips, keep the legs uncrossed, keep the feet flat on the ground and avoid sitting in the same position for more than 30 minutes. When driving it is recommended to use a lumbar support and have the seat close enough to allow the knees to bend and the feet to reach the pedals.

Correct lifting is another important component of posture both at home and for occupational health and safety. If patients must lift objects, we should recommend that they do not lift objects that are awkward or are too heavy. Before they lift a heavy object they should also

ensure that they have a firm footing with a wide stance. They should not bend forward at the waist with straight knees but use knees and lower extremity leverage to lift. They should also refrain from rapidly raising the object to the body and should hold the object close to the body, moving the feet instead of twisting at the waist taking small steps and moving slowly. Of course if possible, we encourage patients to consider getting help to lift heavier objects.

Another posture to consider is the horizontal sleeping posture since we should spend eight hours a night sleeping. No matter what position a patient lies in, the pillow should be under the head, not the shoulders, and should be a thickness that allows the head to be in alignment with the spine. Ideally the spine should be straight while maintaining the normal kyphotic and lordotic curves of the spine. It is usually recommended to sleep laying on the back or side as sleeping in a prone position can put a sagging pressure on the lumbar spine as the abdomen does not provide support for the spine. If a person sleeps on their side a pillow between the knees can help the alignment of the lumbar spine and hips. The mattress, and there are many kinds, should be firm to provide support and be comfortable for sleeping.

As we look at posture as a key determinant to health we must examine the way we exist in space and live against gravity. This includes upright standing, walking, being seated, and laying down postures including sleeping. The problem is quite often that the patient feels relaxed and comfortable with their adaptation of poor posture and it is difficult to convince them of the link between posture and health until later in life when the effects of the abnormal pressures produce symptoms. The more chronic the postural problem the more difficult the recovery from it can be. This brings into focus the naturopathic principle of 'doctor as teacher'. Education about the benefits of good posture is very important as many of the conditions described in this paper are commonly seen by naturopathic physicians and other medical professionals. It is important to evaluate the posture of the patient to be able to 'find and treat the cause' and to 'treat the whole person'. In the context of another naturopathic principle, 'prevention', Thomas Edison is quoted as saying "The doctor of the future will give no medicines, but will interest his patient in the care of the human frame, in diet and in the cause and prevention of disease".<sup>17</sup> Improving posture relieves pressure on the musculoskeletal system (spine and extremities), chest, heart, lungs, stomach, and blood stream, and therefore reduces the incidence of



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### About the Author

Dr. Nick Buratovich, NMD received his BS from St. Mary's College (1973) and his Naturopathic degree from National College of Naturopathic Medicine (1983). Dr. Buratovich has maintained a Naturopathic family practice for over 25 years and focuses primarily on pain management and the treatment of musculoskeletal disorders and injuries. With a foundation in naturopathic philosophy and principles he uses manipulation, acupuncture and nutrition as his primary modalities along with botanical and homeopathic medicines to help restore health and well being. He has received additional training in cold laser therapy, infusion therapy and prolotherapy and is a certified practitioner in Bio-Cranial Therapy. Dr. Buratovich is a professor of naturopathic medicine and Department Chair of Physical Medicine at SCNM. He has also served as the secretary of Southwest College's Board of Trustees.

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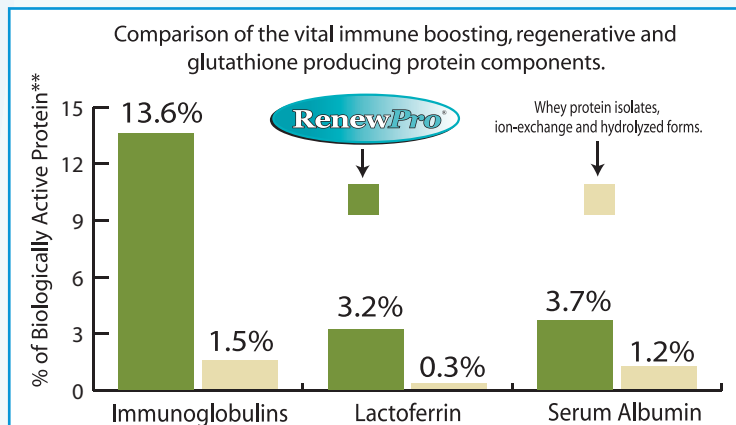
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# VITAZAN PROFESSIONAL



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- 1 Perkin-Elmer Inductively Coupled Plasma Optical Emission Spectrometer (ICP-OES) [tests for heavy metals & all minerals]
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- 1 Perkin-Elmer Headspace Gas Chromatography [tests for organic solvent residues]
- 1 Anton Paar Microwave Digesting Unit [tests for digestion of testing material]
- 1 Disintegration Unit, 1 Dissolution Unit

### Sample Preparation Units:

- 1 Refrigerated Centrifuge, 1 Non-Refrigerated Centrifuge, 1 Satorius Scale, 1 Devner Scale, Hot plate, Shaker, Vortex, Furnace, 1 Conventional Oven ( $\leq 1000$  °C), 3 Column Ovens (HPLC), 20 HPLC Columns, 8 GC Columns, Dessicator, Water Bath Shaker, pH Meter, Ultrasonic Bath, Vacuum Manifold, Microcentrifuge, Vacuum Drying Sample Concentrator,  $-87$  °C Freezer for Standards Storage,  $-44$  °C Freezer for Standards Storage, Millipore Water Filtration Unit

Standards Reference Materials  
are purchased from Chromadex,  
Fisher Scientific and Sigma-Aldrich

Our full-time laboratory  
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MSc and 2 BSc

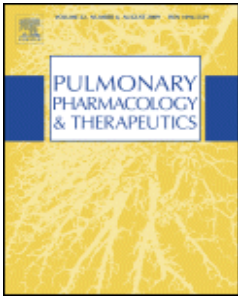


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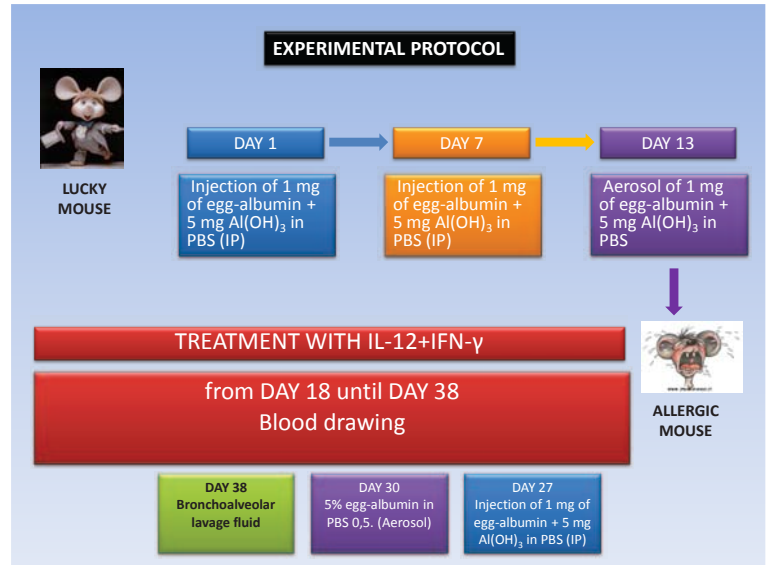
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# Practical and Research proven Allergy solutions

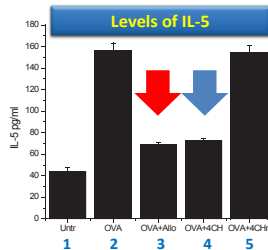
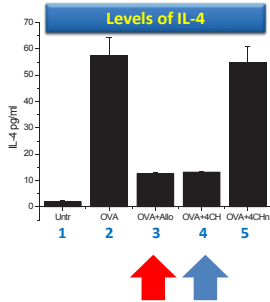
The 2009 Pulmonary, Rumio Pubmed study demonstrated how [Low dose oral administration of Guna prepared cytokines worked for the treatment of allergic asthma.](#)



The study brought a healthy mouse into an allergic state, at which point Th2 became up-regulated. To bring back the balance IL-12 and Interferon gamma was used. These Th1 molecules up-regulated Th1 to re-balance in TH1 & Th2 ratios.



Level of IL-4 and IL-5 in mice sera on day 7<sup>th</sup> of treatment



The results with the GUNA prepared method are amazing:  
 Column 1- control with the healthy mouse interleukin level  
 Column 2- qty of Interleukin in allergic mouse  
 Column 3- **pharma dose** of balancing interleukin, **mouse died**  
 Column 4- **Guna physiological dose, no side effects**  
 Column 5 – physiological dose, dilution only, not dynamized

## Guna integrates this science into all its formulations

**GUNA-All-Prev** a direct link to this study, rebalancing of Th1 & Th2 & deals with the main symptoms behind allergies.

**GUNA-All-Trt** addresses allergic reactions to offer relief of symptoms.

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

**Vibrant Health** has a full range of products for seasonal allergies with a focus on the phenol (allergen) component. **Designed to de-sensitize & relieve.**

**P'llens Early** relief of symptoms due to early season pollens

**P'llens Mid** relief of symptoms due to mid season pollens

**P'llens Late** relief of symptoms due to late season pollens

**Ask about our Products for allergies to Pets, Foods, Dairy, Chemicals, Terpenes** & a host of other challenges including our core reactional products **Rescue 3 & Rescue +** designed to calm the reactional process regardless of the cause. **Call us to learn more & start getting optimum results.**



(International boxes shown, Canadian boxes different)

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